



Teleprocessing Users Guide - MAR I

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Section 1: Menu Tree

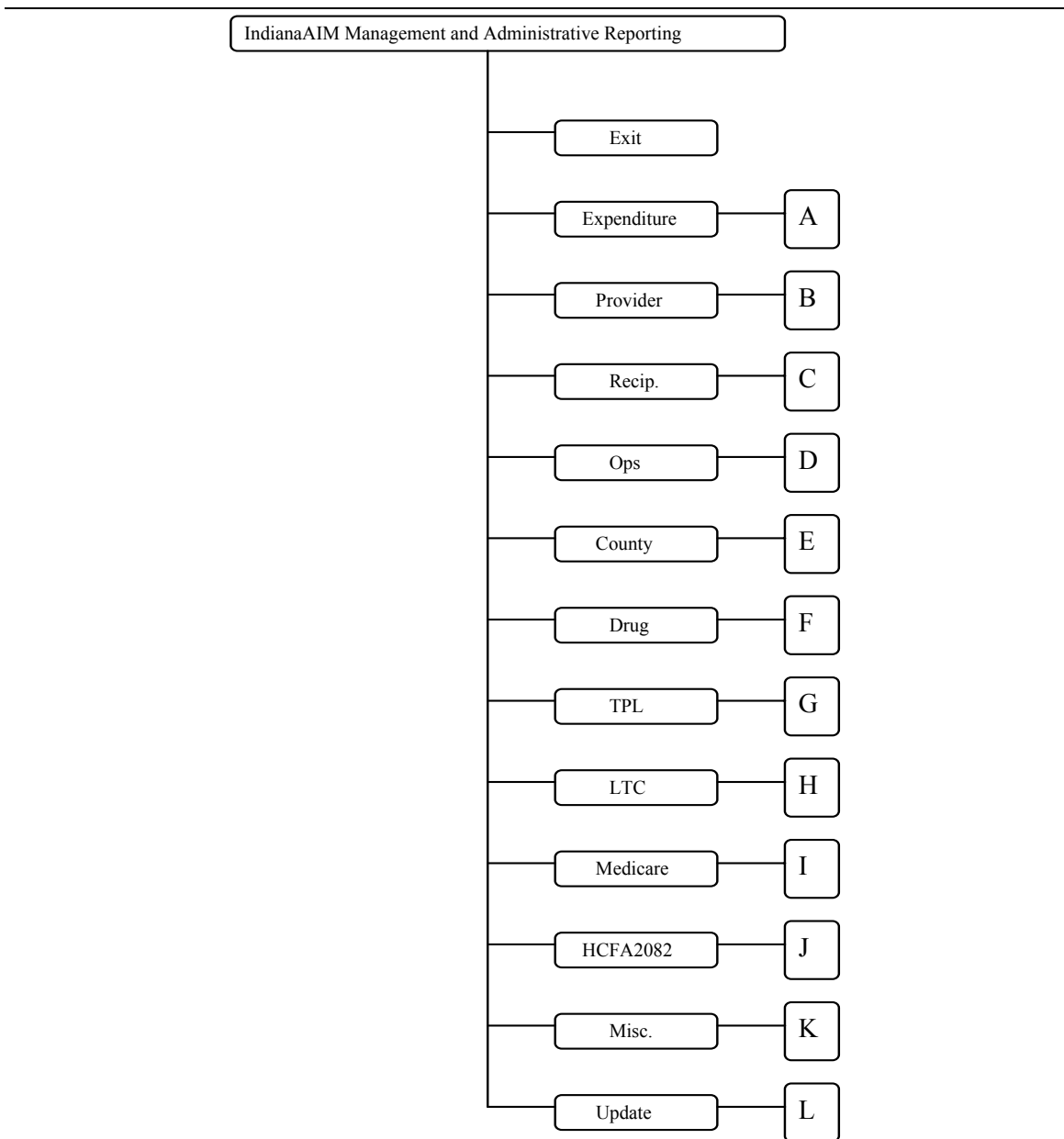


Figure 1.1 – Main Menu

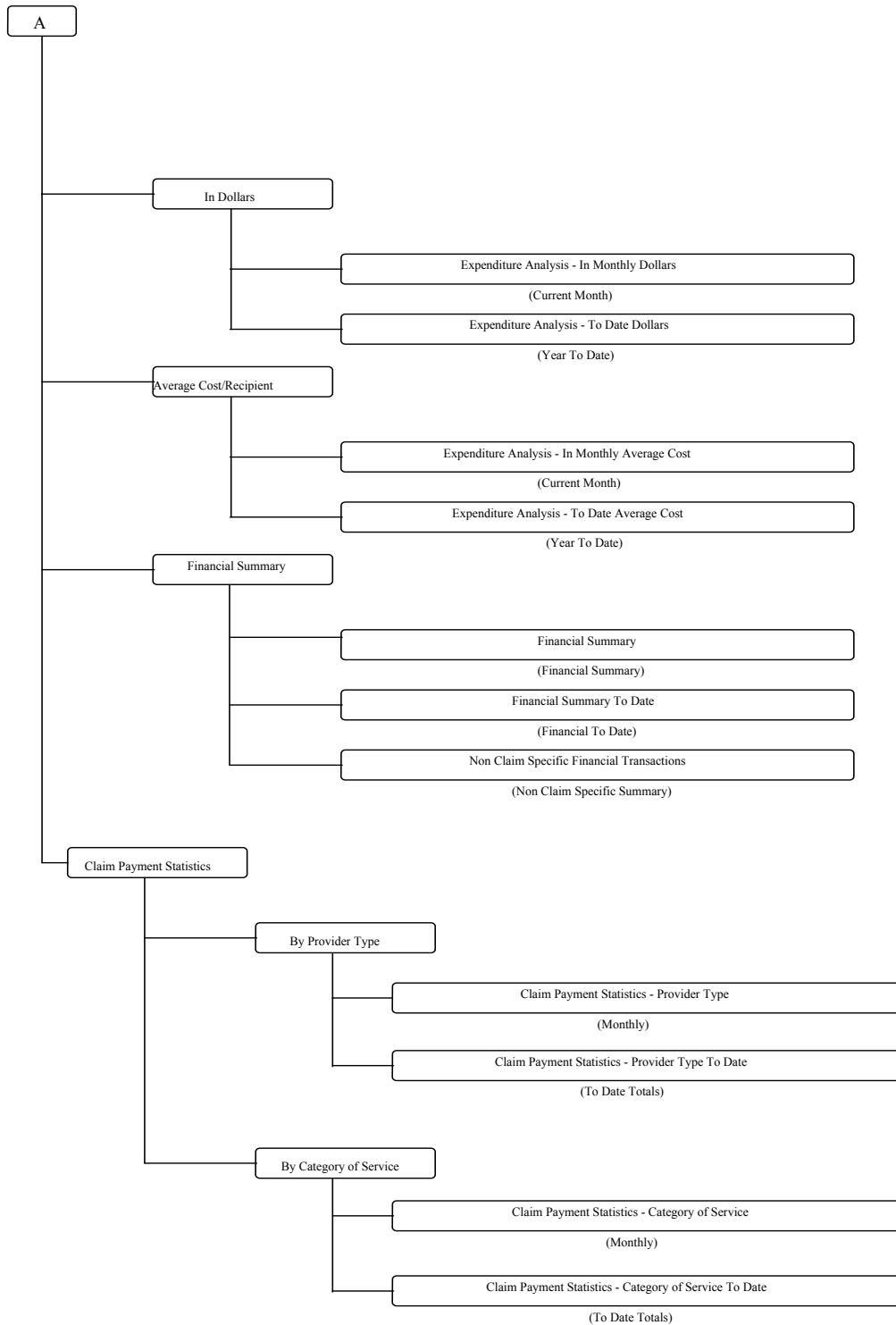


Figure 1.2 – Expenditure Menu

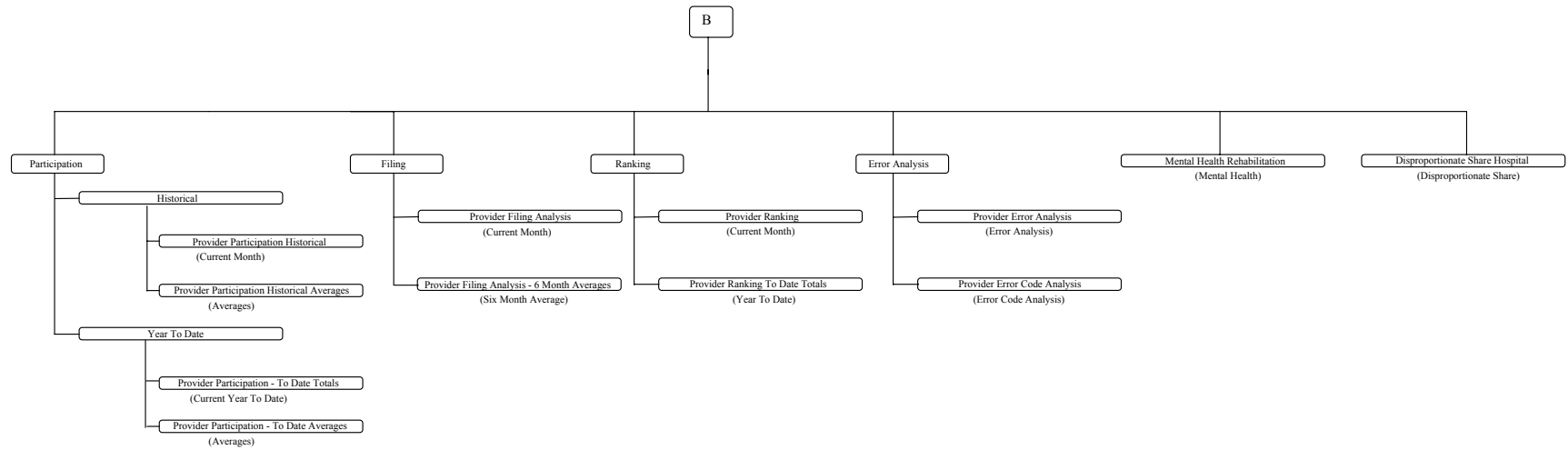


Figure 1.3 – Provider Menu

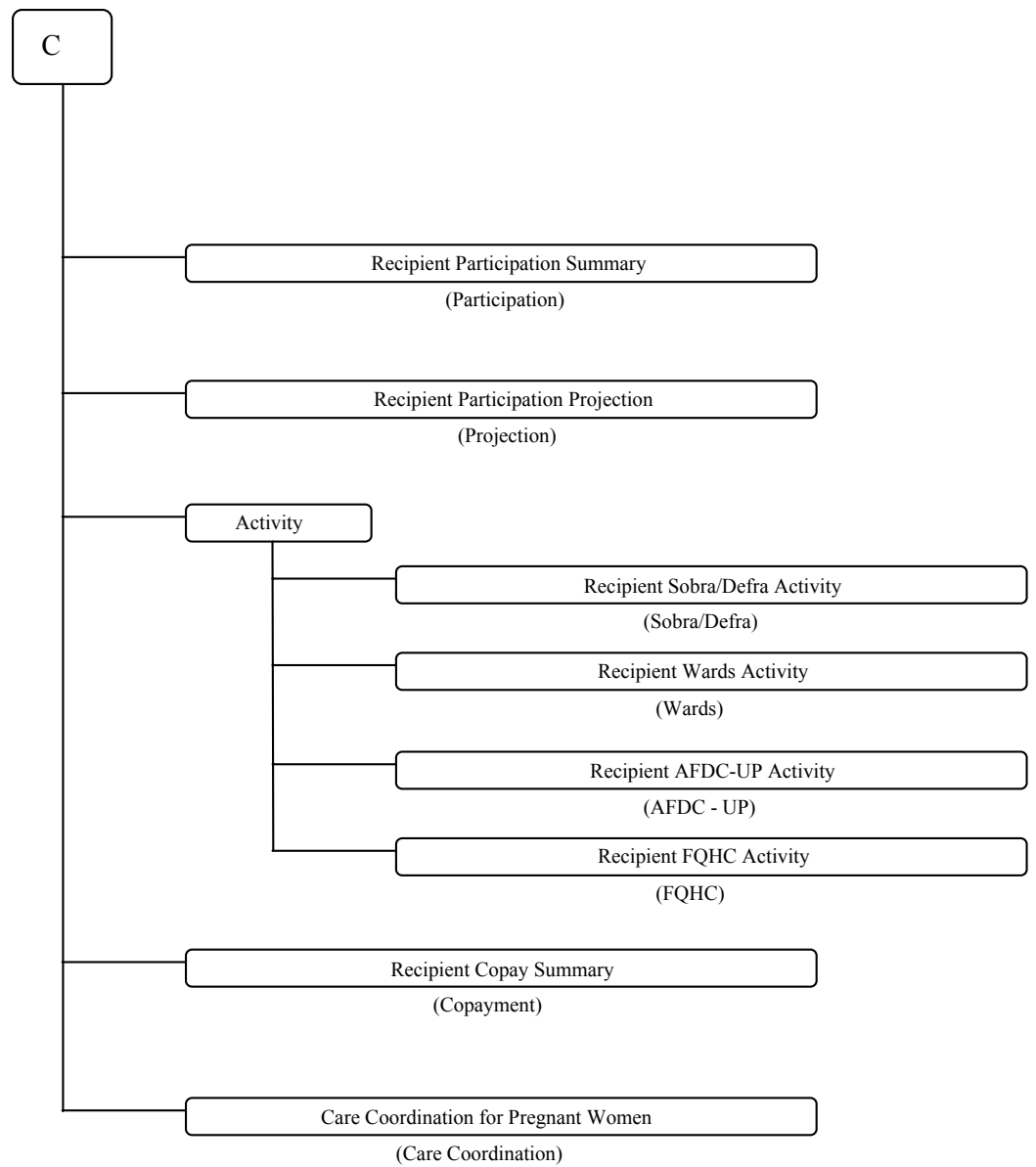


Figure 1.4 – Recipient Menu

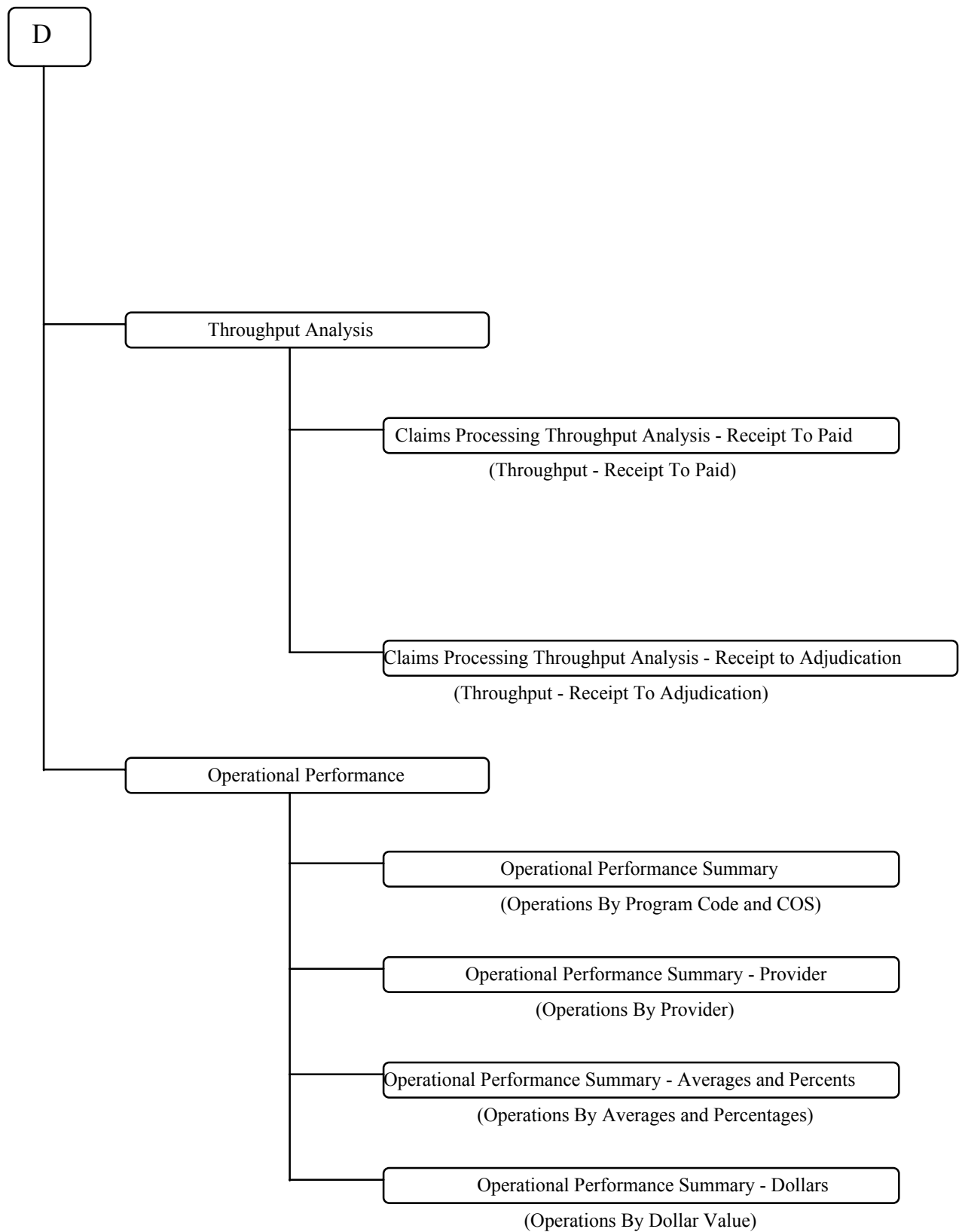


Figure 1.5 – Operations Menu

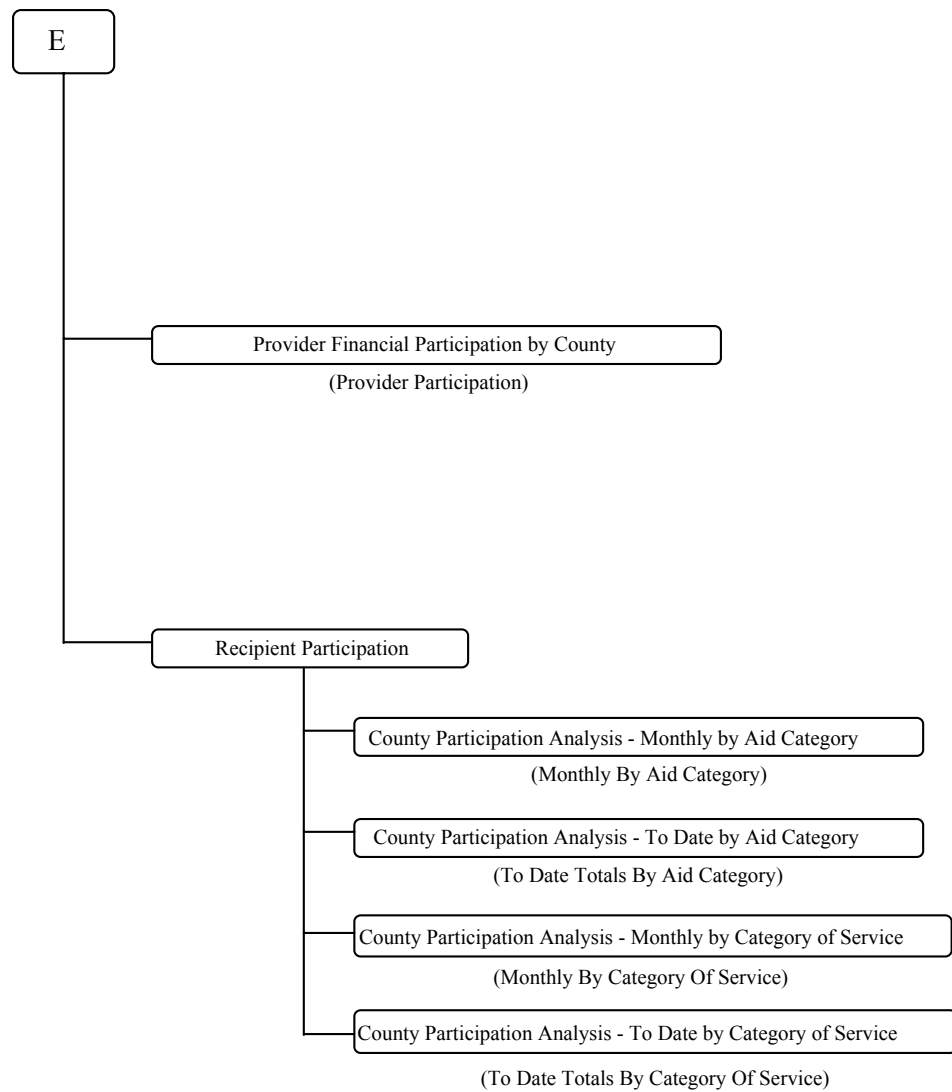


Figure 1.6 – County Menu

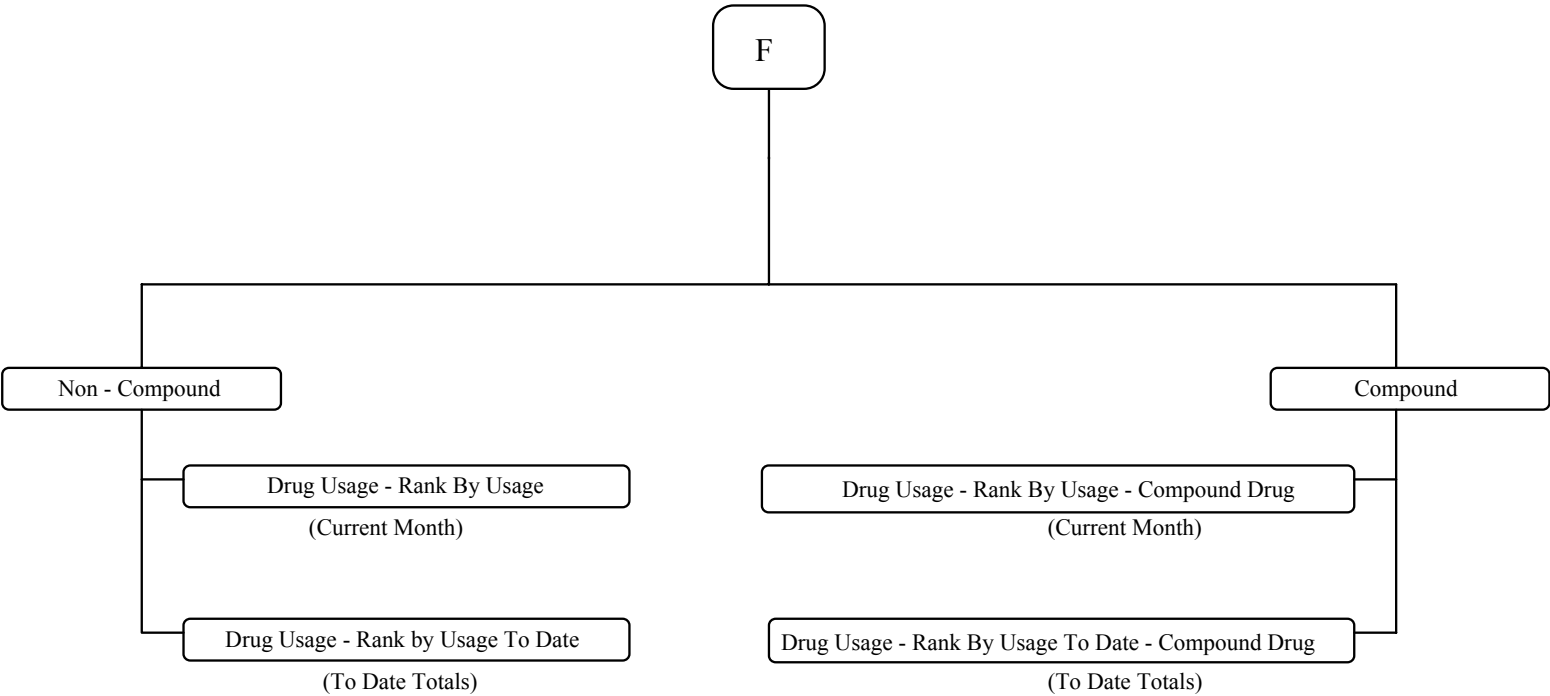


Figure 1.7 – Drug Menu

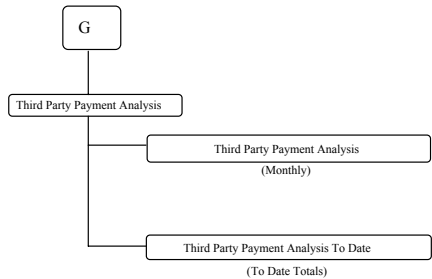


Figure 1.8 – Third Party Liability Menu

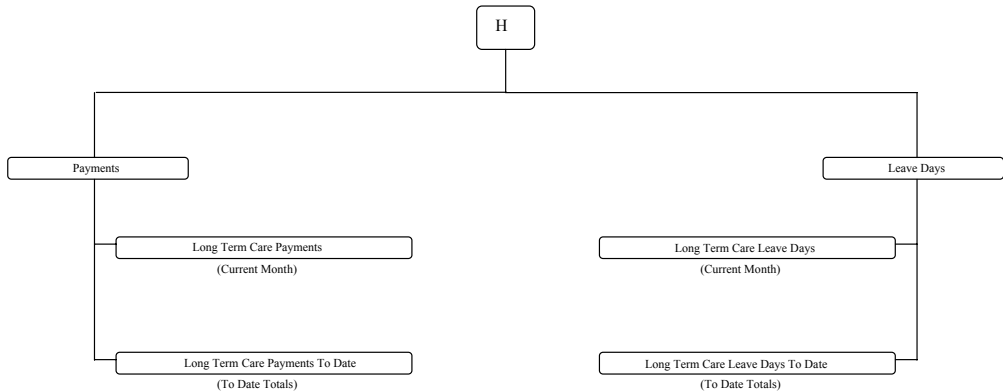


Figure 1.9 – Long Term Care Menu

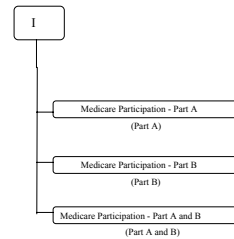


Figure 1.10 – Medicare Participation Menu

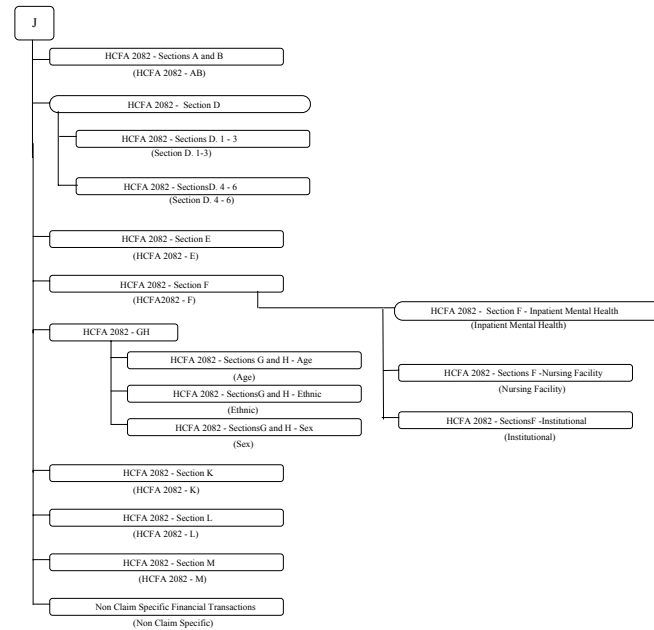


Figure 1.11 – HCFA 2082 Menu

Section 2: IndianaAIM Management and Administrative Reporting

IndianaAIM Management and Administrative Reporting Main Menu

| Exit | Expenditure | Provider | Recip. | Ops | County | Drug | TPL | LTC | Medicare | HCFA 2082 | Misc. | Update |
|------|---|------------------------------------|----------------------|----------------------------|--------------------------------|------------------|---------------------------------------|---------------|-----------------|--------------------------|----------------------------|---------------------------|
| | In Dollars | Participation | Participation | Throughput Analysis | Provider Participat ion | Non- compound | Third Party Payment Analysis | Payments | Part A | HCFA 2082 – A & B | Location Analysis | Budget Update |
| | Average Cost/ Recipient Financial Summary | Filing | Projection | Operational Performance | Recipient Participat ion | Compound | | Leave Days | Part B | HCFA 2082 – D | Waiver Expendi- ture | Report Period |
| | | Ranking | Activity | | | | | | Part A And B | HCFA 2082 – E | | Category of Service |
| | Claim Payment Statistics | Error Analysis | Copayment | | | | | | | HCFA 2082 – F | | |
| | | Mental Health Rehabilitation | Care Coordination | | | | | | | HCFA 2082 – G & H | | |
| | | Disproportionate Share Hospital | | | | | | | | HCFA 2082 – K | | |
| | | | | | | | | | | HCFA 2082 – L | | |
| | | | | | | | | | | HCFA 2082 – M | | |
| | | | | | | | | | | Non Claim Specific | | |

Figure 2. 1 – Main Menu Bar

IndianaAIM Management and Administrative Reporting Menu Bar

The preceding page is an illustration of the main menu bar for the IndianaAIM Management and Administrative Reporting (MAR) functional area. All menus appear in single-line boxes. The menu titles on this illustration reflect the main reporting sections. You can access all MAR windows by drop-down menus from each section header title on the menu bar.

Menu Bar

The main menu bar appears when you open the MAR application by clicking the MAR button in the main menu, and correctly complete the information in the security box. The menu bar contains the headings for the list of window options. Drop-down list boxes provide click-on access to all of windows in each section. Menu trees in the previous section display the flow of the drop-down list boxes under each section title of the main menu bar.

Select a command or window option by:

1. Clicking the command or window option title, or by pressing the first letter of the command.
2. Selecting an option title—a drop-down box appears. Click the desired command or press the first letter of the command.
3. Using a slide-out menu. In some instances, after you select an option from the drop-down menu, a slide-out menu appears to clarify a window choice. Click the desired command or press the first letter of the command.

Menu Selection: Exit

This option displays a drop-down menu

Exit Indiana MAR – Exit the Indiana MAR program

Menu Selection: Expenditures

This option offers access to the following drop-down menu selections:

In Dollars Slide-out menu

- *Current Month* – Open Window: Expenditure Analysis – In Monthly Dollars
- *Year-to-date* – Open Window: Expenditure Analysis – To Date Dollars

Average Cost/Recipient Slide-out menu

- *Current Month* – Open Window: Expenditure Analysis – In Monthly Average Cost
- *Year-to-date* – Window: Expenditure Analysis – To Date Average Cost

Financial Slide-out menu

- *Financial Summary* – Open Window: Financial Summary
- *Financial Year-to-date* – Open Window: Financial Summary To Date
- *Non Claim Specific* – Open Window: Non Claim Specific Financial Transactions

Claim Payment Statistics Slide-out menu

- By Provider Type Slide-out menu
 - *Monthly* – Open Window: Claim Payment Statistics – Provider Type
 - *To Date Totals* – Open Window: Claim Payment Statistics – Provider Type To Date
- By Category of Service Slide-out menu
 - *Monthly* – Open Window: Claim Payment Statistics – Category of Service
 - *To Date Totals* – Open Window: Claim Payment Statistics – Category of Service To Date

Menu Selection: Provider

This option offers access to the following drop-down menus

Participation Slide-out menu

- *Historical* Slide-out menu
 - *Current Month* – Open Window: Provider Participation – Historical
 - *Averages* – Open Window: Provider Participation – Historical Averages
- *Year-to-date* Slide-out menu

- *Current Year-to-date* – Open Window: Provider Participation – To Date Totals
- *Averages* – Open Window: Provider Participation – To Date Averages

Filing Slide-out menu

- *Current Month* – Open Window: Provider Filing Analysis
- *Six-Month Average* – Open Window: Provider Filing Analysis – 6-Month Averages

Ranking Slide-out menu

- *Current* – Open Window: Provider Ranking
- *Year-to-date* – Open Window: Provider Ranking To Date

Error Analysis Slide-out menu

- *Error Analysis* Open Window: Provider Error Analysis
- *Error Code Analysis* – Open Window: Provider Error Code Analysis

Mental Health – Open Window: Mental Health Rehabilitation

Disproportionate Share – Open Window: Disproportionate Share Hospital

Menu Selection: Recip

This option offers access to the following drop-down menus

Participation – Open Window: Recipient Participation Summary

Projection – Open Window: Recipient Participation Projection

Activity Slide-out menu

- *Sobra/Defra* – Open Window: Recipient Sobra/Defra Activity
- *Wards* – Open Window: Recipient Wards Activity
- *AFDC-UP* – Open Window: Recipient AFDC-UP Activity
- *FQHC* – Open Window: Recipient FQHC Activity

Copayment – Open Window: Recipient Copay Summary

Care Coordination – Open Window: Care Coordination for Pregnant Women

Menu Selection: Ops

This option offers access to the following drop-down menu selections

Throughput Analysis Slide-out menu

- *Throughput – Receipt to Paid* – Open Window: Claims Processing Throughput Analysis – Receipt to Paid
- *Throughput – Receipt To Adjudication* – Open Window: Claims Processing Throughput Analysis – Receipt To Adjudication

Operational Performance Slide-out menu

- *Operations by Program Code and COS* – Open Window: Operational Performance Summary
- *Operations by Provider* – Open Window: Operational Performance Summary – Provider
- *Operations by Averages And Percents* – Open Window: Operational Performance Summary – Averages And Percents
- *Operations by Dollar Value* – Open Window: Operational Performance Summary – Dollars

Menu Selection: County

This option offers access to the following drop-down menu selections

Provider Participation – Open Window: Provider Financial Participation by County

Recipient Participation Slide-out menu

- *Monthly by Aid Category* – Open Window: County Participation Analysis – Monthly by Aid Category
- *To Date by Aid Category* – Open Window: County Participation Analysis – To Date by Aid Category
- *Monthly by Category of Service* – Open Window: County Participation Analysis – Monthly by Category of Service
- *To Date by Category of Service* – Open Window: County Participation Analysis – To Date by Category of Service

Menu Selection: Drug

This option offers access to the following drop-down menu selections

Non Compound Slide-out menu

- *Current Month* – Open Window: Drug Usage – Rank by Usage
- *To Date Totals* – Open Window: Drug Usage – Rank by Usage To Date

Compound Slide-out menu

- *Current Month* – Open Window: Drug Usage – Rank by Usage – Compound Drug
- *To Date Totals* – Open Window: Drug Usage – Rank by Usage To Date – Compound Drug

Menu Selection: Third Party Liability

This option offers access to the following drop-down menu selections

Third Party Payment Analysis Slide-out menu

- *Monthly* – Open Window: Third Party Payment Analysis
- *To Date Totals* – Open Window: Third Party Payment Analysis – To Date

Menu Selection: Long Term Care

This option offers access to the following drop-down menu selections

Payments Slide-out menu

- *Current Month* – Open Window: Long Term Care Payments
- *To Date Totals* – Open Window: Long Term Care Payments To Date

Leave Days Slide-out menu

- *Current Month* – Open Window: Long Term Care Leave Days
- *To Date Totals* – Open Window: Long Term Care Leave Days To Date

Menu Selection: Medicare

This option offers access to the following drop-down menu selections

Part A – Open Window: Medicare Participation – Part A

Part B – Open Window: Medicare Participation – Part B

Part A and B – Open Window: Medicare Participation – Part A and B

Menu Selection: HCFA 2082

This option offers access to the following drop-down menu selections

HCFA 2082 – AB – Open Window: HCFA 2082 – Sections A and B

HCFA 2082 – D Slide-out menu

- *Section D.1-3 – Open Window: HCFA 2082 – Section D.1-3*
- *Section D.4-6 – Open Window: HCFA 2082 – Section D.4-6*

HCFA 2082 – E – Open Window: HCFA 2082 – Section E

HCFA 2082 – F Slide-out menu

- *Inpatient Mental Health – Open Window: HCFA 2082 – Section F Inpt Mental Health*
- *Nursing Facility – Open Window: HCFA 2082 – Section F Nursing Facility*
- *Institutional – Open Window: HCFA 2082 – Section F Institutional*

HCFA 2082 – G and H Slide-out menu

- *Age – Open Window: HCFA 2082 – Sections G and H – Age*
- *Ethnic – Open Window: HCFA 2082 – Sections G and H – Ethnic*
- *Sex – Open Window: HCFA 2082 – Sections G and H – Sex*

HCFA 2082 – K – Open Window: HCFA 2082 – Section K

HCFA 2082 – L – Open Window: HCFA 2082 – Section L

HCFA 2082 – M – Open Window: HCFA 2082 – Section M

Non Claim Specific – Open Window: Non Claim Specific Financial Transactions

Menu Selection: Misc

This option offers access to the following drop-down menu selections

Location Analysis Slide-out menu

- *Current Month – Open Window: Category of Service and Location Analysis*
- *To Date Totals – Open Window: Category of Service and Location Analysis To Date*

Waiver Expenditures Slide-out menu

- *Current Month* – Open Window: Waiver Expenditures
- *Year-to-date* – Open Window: Waiver Expenditures To Date

Menu Selection: Update

This option offers access to the following drop-down menu selections

Budget Analysis – Open Window: Budget Analysis

Report Period – Open Window: Report Period

Category of Service Slide-out menu

- *Update Codes* Slide-out menu
 - *COS State* – Open Window: COS State
 - *COS Federal* – Open Window: COS Federal
 - *COS HCFA* – Open Window: COS HCFA
 - *Update COS Assignment* Slide-out menu
 - *Physician COS Assignment* – Open Window: Physician COS Selection
 - *Pharmacy COS Assignment* – Open Window: Pharmacy COS Selection
- *UB92 COS Assignment* – Open Window: UB92 COS Selection

Section 3: Expenditure Analysis – In Monthly Dollars Window

Introduction

To bring up the Expenditure Analysis – In Monthly Dollars window, click **Expenditure** on the main command bar and a drop-down menu appears. Click **In Dollars** and a slide-out menu appears. Click the selection **Current Month and Expenditure Analysis – In Monthly Dollars** appears. Access the Expenditure Analysis – To Date Totals from this window.

The following menu options display:

- Program Code
- Category of Service
- State Aid Category
- Reporting Period

This window provides an analysis of expenditures for the medical assistance programs and types of services for a selected month, in comparison to a rolling average per month of expenditures during a four-month period immediately prior to, but not including, the selected month. The expenditures and the variance percentage between the calculations display. Claim specific financial transactions (adjustments) are included in the summary process for this window, increasing or decreasing the figure according to the net result of each adjustment.

Expenditure Analysis - In Monthly Dollars [WM48-03R]

File Edit

Program Code ALL

Category of Service ALL

State Aid Category ALL

Reporting Period August 1996

| Month Averages -----* | Actual Allowed Amount | Actual Paid Amount | Allowed Pct Variance | Paid Pct Variance |
|-----------------------|-----------------------|--------------------|----------------------|-------------------|
| Paid | | | | |

To Date Totals

Select Exit

Figure 3.1 – Expenditure Analysis – In Monthly Dollars Window

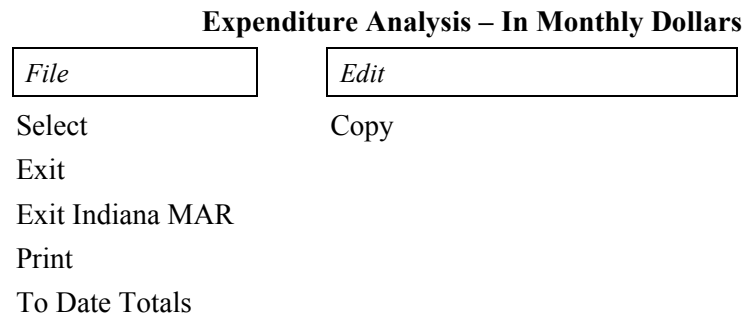


Figure 3.2 – Expenditure Analysis – In Monthly Dollars Menu Tree

Figure 3.2 is an illustration of the menu tree for the Expenditure Analysis – In Monthly Dollars window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Expenditure Analysis – In Monthly Dollars window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop down list box. If a commands or window option is faded, the command or window option is not available at the time.

A command or window option may be selected by the following methods:

1. Click the command or window option title.
2. Use a drop-down menu. Click the desired option title and a drop down box displays. Drag the mouse and let off the click on the desired command, or press the **Alt** button plus the underscored letter of the selected command and press **Enter**.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items matching criteria selected in the window header menu.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

To Date Totals – Displays a window titled Expenditure Analysis – To Date Totals.

Menu Selection: Edit

This command allows data to be modified.

Copy – Copies text from one area to another without retyping.

Field Information

Field Name: Program Code

Description – Indicates the type of State-specified funding that a claim is processed under. Note that when **All** is selected, shadow (encounter) claims totals are not included. This selection is for reporting purposes only and is not a funding source.

Format – Alpha description

Features – Drop-down menu display

Valid values:

Refer to *Appendix FF* for the list of program codes including current MCOs and a list of MAR windows updated to include shadow claims data.

Field Name: Category of Service

Description – Indicates the state classification assigned to each service billed on a claim. Selections available include high level summary categories, ending in 00, and low-level detail categories, sub and sub-sub categories.

Format – Alpha description

Features – Drop-down menu display

Valid values:

Refer to *Appendix A* for valid values.

Field Name: State Aid Category

Description – Indicates the FSSA-specified grouping of the ICES categories of eligibility assigned to each person at the time of enrollment in a medical assistance program. For programs CSHCS and 590 Prison, select the appropriate **program code** and select State aid category **Unknown** to display figures for the programs that are not ICES aid category driven.

Format – Alpha description

Features – Drop-down menu display

Valid values:

Refer to *Appendix G* for valid values.

Field Name: Reporting Period

Description – Indicates the claims reported are finalized to pay in the month selected.

Format – Month YY – rolling 18-month display

Features – Drop-down menu display

Field Name: Aid Category

Description – Displays the State aid category selected in the window header or all aid categories with paid claim data matching the criteria selected in the window header.

Format – Alpha description

Features – Protected – display only

Field Name: Allowed

Description – Displays an average per month of the dollar allowed amounts for the four months prior to, but not including, the reporting period. Should four previous months of data not be available, the average the months available is, divided by the actual number of months used and is reflected in this field.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Paid

Description – Displays an average per month of the dollar paid amounts for the four months prior to, but not including, the reporting period. Should four previous months of data not be available, the average the months available is, divided by the actual number of months used and is reflected in this field.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Actual Allowed Amount

Description – Displays the allowed amount total for all paid claims by program code and State aid category if applicable.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Actual Paid Amount

Description – Displays the paid amount total for all paid claims by program code and state aid category if applicable.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Allowed Pct Variance

Description – Displays the percentage that actual allowed amount totals vary from the four-month average of allowed amounts. Calculated as the difference of the actual allowed amount, minus, the four-month average, divided by the four-month average.

Format – 99.99 percent

Features – Protected – display only

Field Name: Paid Pct Variance

Description – Displays the percentage that actual paid amount totals vary from the four-month average of paid amounts. Calculated as the difference of the actual paid amount, minus the four-month average, divided by the four-month average.

Format – 99.99 percent

Features – Protected – display only

Other Messages

No Matching Records Found

System Information

PBL – MAR05.PBL

Window – W_4831M_EXP_ANLY_MN_DOL

Menu – M_MAR_OPTIONS

Data Window – DW_4831M_EXP_ANLY_MN_DOL

System Features

Click the **To Date Totals** button to display a window titled Expenditure Analysis – To Date Dollars. All menu selections from the Expenditure Analysis – In Monthly Dollars carry forward to this window.

Click the **Select** button to populate the display fields with data matching the criteria selected in the header menu.

Click the **Exit** button from the window of Expenditure Analysis – To Date Dollars to close the window and return to the primary Expenditure Analysis – In Monthly Dollars window.

Click the **Exit** button from the primary window to exit from the Expenditure Analysis – In Monthly Dollars window and return to any open window or to the Indiana MAR menu bar if no other windows are open. Menu selections do not save when the primary window closes.

Section 4: Expenditure Analysis – To Date Dollars Window

Introduction

To bring up the Expenditure Analysis – To Date Dollars window click **Expenditure** on the main command bar and a drop-down menu appears. Click **In Dollars** and a slide-out menu appears. Click **Year-to-date** and Expenditure Analysis – To Date Dollars appears. Access the Expenditure Analysis – In Monthly Dollars window.

The following menu options display:

- Program Code
- Category of Service
- State Aid Category
- Reporting Period

This window provides an analysis of expenditure amounts for the medical assistance programs and types of services for a selected year-to-date time period in comparison to a rolling average per time span of expenditure amounts during the two year-to-date periods immediately prior to, but not including, the selected year-to-date period by displaying the variance percentage between the calculated expenditures. Claim specific financial transactions or adjustments are included in the summary process for this window, increasing or decreasing the figures according to the net result of each adjustment.

| Expenditure Analysis - To Date Dollars (WM48-03R) | | | |
|---|----------------|---|--|
| File Edit | | | |
| Program Code | ALL | | |
| Category of Service | ALL | | |
| State Aid Category | ALL | | |
| Reporting Period | September 1996 | <input checked="" type="radio"/> State Fiscal YTD <input type="radio"/> Federal Fiscal YTD <input type="radio"/> Calendar YTD | |

| Aid Category | *----- Previous YTD -----* | Actual Allowe |
|--------------|----------------------------|---------------|
| | Allowed | Paid Amount |
| | | |

Monthly Totals

Select Exit

Figure 4.1 – Expenditure Analysis – To Date Dollars Window

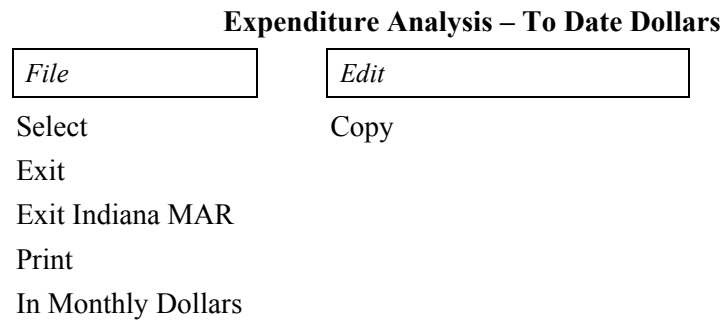


Figure 4.2 – Expenditure Analysis – To Date Dollars Menu Tree

Figure 4.2 is an illustration of the menu tree for the Expenditure Analysis – To Date Dollars window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Expenditure Analysis – To Date Dollars window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop down list box. If a commands or window option is faded, the command or window option is not available at the time.

A command or window option may be selected by the following methods:

1. Click the command or window option title.
2. Use a drop-down menu. Click the desired option title and a drop down box displays. Drag the mouse and let off the click on the desired command, or press the **Alt** button plus the underscored letter of the selected command and press **Enter**.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items matching criteria selected in the window header menu.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

Monthly Totals – Displays a window titled Expenditure Analysis – In Monthly Dollars

Menu Selection: Edit

This command allows data to be modified.

Copy – Copies text from one area to another without retyping.

Field Information

Field Name: Program Code

Description – Indicates the type of State-specified funding that a claim is processed under. Note that when **All** is selected, shadow or encounter claims totals are not included. This selection is for reporting purposes only and is not a funding source.

Format – Alpha description

Features – Drop-down menu display

Valid values:

Refer to *Appendix FF* for the list of program codes including current

MCOs and a list of MAR windows updated to include shadow claims data.

Field Name: Category of Service

Description – Indicates the State classification assigned to each service billed on a claim. Selections available include high level summary categories, ending in 00, and low level detail categories (sub and sub-sub categories).

Format – Alpha description

Features – Drop-down menu display

Valid values:

Refer to *Appendix A* for valid values

Field Name: State Aid Category

Description – Indicates the FSSA specified grouping of the ICES categories of eligibility assigned to each person at the time of enrollment in a medical assistance program. For the CSHCS and 590 Prison programs, select the appropriate **program code** and select State aid category **Unknown** to display figures for the programs that are not ICES aid category driven.

Format – Alpha description

Features – Drop-down menu display

Valid values:

Refer to *Appendix G* for valid values.

Field Name: Reporting Period

Description – Indicates the claims reported are finalized to pay in the month selected.

Format – Month YY – rolling 18-month display

Features – Drop-down menu display

Field Name: Year-to-date

Description – Displays a selection box with the year-to-date values. Click the desired year-to-date. Reporting period is modified to include claims data accumulated from the beginning of the selected year-to-date value through the month in reporting period.

Format – Alpha description

Features – Selection box

Valid Values:

State Fiscal YTD, July 1 to June 30

Federal Fiscal YTD, October 1 to September 30

Calendar YTD, January 1 to December 31

Field Name: Aid Category

Description – Displays the aid category selected in the window header or all aid categories with paid claim data matching the criteria selected in the menus.

Format – Alpha description

Features – Protected – display only

Field Name: Allowed

Description – Displays the dollars allowed for the year-to-date value prior to the current year selected in the header menu.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Aid

Description – Displays the dollars paid for the year-to-date value prior to the current year selected in the header menu.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Actual Allowed Amount

Description – Displays the to-date total of the allowed amounts for claims that meet the criteria selected in the header menu for the corresponding aid category.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Actual Paid Amount

Description – Displays the to-date total of the paid amounts for claims that meet the criteria selected in the header menu for the corresponding aid category.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Allowed Pct Variance

Description – Displays the percentage allowed amount totals that vary from the Previous YTD of allowed amounts. Calculated as the difference of the actual allowed amount, minus the previous selected year-to-date amount, divided by the previous selected year-to-date amount.

Format – 99.99 percent

Features – Protected – display only

Field Name: Paid Pct Variance

Description – Displays the percentage paid amount totals that vary from the Previous YTD of paid amounts. Calculated as the difference of the actual paid amount, minus, the previous selected year-to-date amount, divided by the previous selected year-to-date amount.

Format – 99.99 percent

Features – Protected – display only

Other Messages

No Matching Records Found.

System Information

PBL – MAR05.PBL

Window – W_4831TD_EXP_ANLY_TD_DOL

Menu – M_MAR_OPTIONS

Data Window – DW_4831TD_EXP_ANLY_TD_DOL

System Features

Click the **Monthly** button to display a window titled Expenditure Analysis – In Monthly Dollars. All menu selections made in the primary window carry forward to this window.

Click the **Exit** button to return to the Expenditure Analysis – To Date Dollars window.

Click the **Select** button to populate the display fields with data matching the criteria selected in the header menu.

Click the **Exit** button to exit the Expenditure Analysis – To Date Dollars window and return to any open window or to the Indiana MAR menu bar if no other windows are open. Menu selections do not save when the primary window closes.

Section 5: Expenditure Analysis – In Monthly Average Cost Window

Introduction

To bring up the Expenditure Analysis – In Monthly Average Cost window click **Expenditure** on the main command bar and a drop-down menu appears. Click **Average Cost/Recipient** and a slide-out menu appears. Click **Current Month** and Expenditure Analysis – In Monthly Average Cost appears. Access the Expenditure Analysis – To Date Average Cost window.

The following menu options display:

- Program Code
- Category of Service
- State Aid Category
- Reporting Period

The Expenditure Analysis – In Monthly Average Cost provides an analysis of the average cost per recipient on a monthly basis. All dollar amounts are calculated as an average per month of expenditures per number of unduplicated recipients. The four-month average is calculated using the four months immediately prior to, but not including, the selected month.

Expenditure Analysis - In Monthly Average Cost (WM48-03R)

File Edit

Program Code ALL

Category of Service ALL

State Aid Category ALL

Reporting Period September 1996

| Aid Category | Allowed 4 Month Avg | Paid 4 Month Avg | Average Allowed per Recipient | Average Paid per Recipient |
|--------------|---------------------|------------------|-------------------------------|----------------------------|
|--------------|---------------------|------------------|-------------------------------|----------------------------|

To Date Totals

Select Exit

Figure 5.1 – Expenditure Analysis in Average Monthly Cost Window

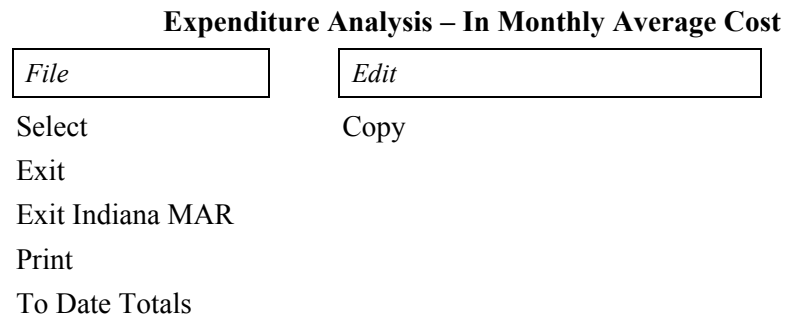


Figure 5.2 – Expenditure Analysis – In Monthly Average Cost Menu Tree

Figure 5.2 is an illustration of the menu tree for the Expenditure Analysis – In Monthly Average Cost window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Expenditure Analysis – In Monthly Average Cost window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop down list box. If a commands or window option is faded, the command or window option is not available at the time.

A command or window option may be selected by the following methods:

1. Click the command or window option title.
2. Use a drop-down menu. Click the desired option title and a drop down box displays. Drag the mouse and let off the click on the desired command, or press the **Alt** button plus the underscored letter of the selected command and press **Enter**.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items matching criteria selected in the window header menu.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

To Date – Displays a window titled Expenditure Analysis – To Date Average Cost.

Menu Selection: Edit

This command allows data to be modified.

Copy – Copies text from one area to another without retyping.

Field Information

Field Name: Program Code

Description – Indicates the type of State-specified funding that a claim is processed under. Note that when **All** is selected, shadow or encounter claims totals are not included. This selection is for reporting purposes only and is not a funding source.

Format – Alpha description

Features – Drop-down menu display

Valid values:

Refer to *Appendix FF* for the list of program codes including current

MCOs and a list of MAR windows updated to include shadow claims data.

Field Name: Category of Service

Description – Indicates the State classification assigned to each service billed on a claim. Selections available include high level summary categories, ending in 00, and low level detail categories (sub and sub-sub categories).

Format – Alpha description

Features – Drop-down menu display

Valid values:

Refer to *Appendix A* for valid values

Field Name: State Aid Category

Description – Indicates the FSSA specified grouping of the ICES categories of eligibility assigned to each person at the time of enrollment in a medical assistance program. For the CSHCS and 590 Prison programs, select the appropriate **program code** and select State aid category **Unknown** to display figures for the programs that are not ICES aid category driven.

Format – Alpha description

Features – Drop-down menu display

Valid values:

Refer to *Appendix G* for valid values.

Field Name: Reporting Period

Description – Indicates the data reported is from claims finalized to pay in the month selected.

Format – Month YY – rolling 18-month display

Features – Drop-down menu display

Field Name: Aid Category

Description – Displays the State aid category selected in the window header or all aid categories with data from paid claims matching the criteria selected in the header menu.

Format – Alpha description

Features – Protected – display only

Field Name: Allowed 4-Month Average

Description – Displays an average per month of the average allowed per participating recipient of the four months prior to but not including the reporting period selected. If four previous months of data is not available, the average of the months available, divided by the actual number of months used, is reflected in this field.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Paid 4-Month Average

Description – Displays an average per month of the average paid per participating recipient of the four months prior to but not including the reporting period selected. If four previous months of data is not available, the average of the months available, divided by the actual number of months used, is reflected in this field.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Average Allowed Per Recipient

Description – Displays the average allowed per participating recipient for the reporting period selected. Calculated as the total allowed amounts on the claims, divided by the unduplicated number of recipients served.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Average Paid Per Recipient

Description – Displays the average paid per participating recipient for the reporting period selected. Calculated as the total paid amounts on the claims, divided by the unduplicated number of recipients served.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Allowed Percent Variance

Description – Displays the percentage that the current average allowed amount varies from the four-month average cost. Calculated as the difference of average cost per recipient, minus the four-month average, divided by the four-month average.

Format – 99.99 percent

Features – Protected – display only

Field Name: Paid Percent Variance

Description – Displays the percentage that the current average paid amount varies from the four-month average cost. Calculated as the difference of average cost per recipient, minus the four-month average, divided by the four-month average.

Format – 99.99 percent

Features – Protected – display only

Field Name: Unduplicated Participating Recipients

Description – Displays an unduplicated count of recipients on the claims reported as that meet the criteria selected in the header menu. This count only includes recipients on paid claim.

Format – 99,999,999

Features – Protected – display only

Other Messages

No Matching Records Found.

System Information

PBL – MAR05.PBL

Window – W_4834M_EXP_ANLY_MN_AVG_COST

Menu – M_MAR_OPTIONS

Data Window – DW_4834M_EXP_ANLY_MN_AVG_COST

System Features

Click the **To Date** button to display a window titled Expenditure Analysis – To Date Average Cost. All menu selections made in the primary window carry forward to this window.

Click the **Exit** button to return to the Expenditure Analysis – In Monthly Average Cost window.

Click the **Select** button to populate the window with data matching the criteria selected in the header menu.

Click the **Exit** button from the primary window to exit the Expenditure Analysis – In Monthly Average Cost window and return to any open window or to the Indiana MAR menu bar if no other windows are open.

Section 6: Expenditure Analysis – To Date Average Cost Window

Introduction

To bring up the Expenditure Analysis – To Date Average Cost window, click **Expenditure** on the main command bar. A drop-down menu appears. Click **Average Cost/Recipient** and a slide-out menu appears. Click **Current Month** and the Expenditure Analysis – To Date Average Cost window appears. Access the Expenditure Analysis – In Monthly Average Cost window.

The following menu options display:

- Program Code
- Category of Service
- State Aid Category
- Reporting Period

The Expenditure Analysis – To Date Average Cost provides an analysis of the average cost per recipient of program services. All dollar amounts are calculated as an average per to-date value of the expenditures per number of unduplicated recipients. The twenty-four-month average is calculated using the to-date values of the two year-to-date time periods immediately prior to, but not including, the selected year-to-date.

Expenditure Analysis - To Date Average Cost (WM48-03R)

File Edit

Program Code ALL

Category of Service ALL

State Aid Category ALL

Reporting Period September 1996

☒ State Fiscal YTD
☐ Federal Fiscal YTD
☐ Calendar YTD

| Aid Category | Allowed Previous YTD | Paid Previous YTD | Average Allowed per Recipient | Average Paid per Recipient | Allowe Va |
|--------------|-------------------------|----------------------|----------------------------------|-------------------------------|--------------|
|--------------|-------------------------|----------------------|----------------------------------|-------------------------------|--------------|

Monthly Totals

Select Exit

Figure 6.1 – Expenditure Analysis – To Date Average Cost Window

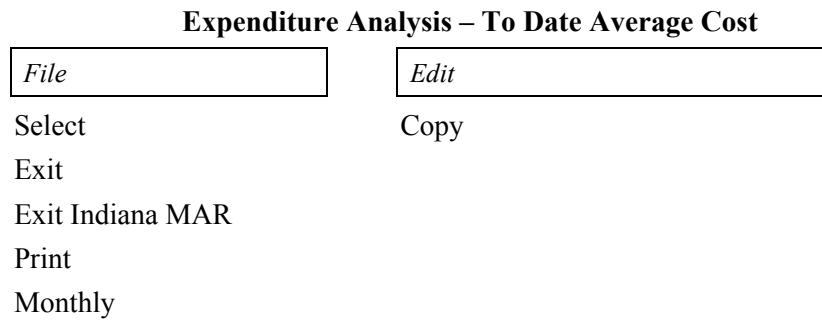


Figure 6.2 – Expenditure Analysis – To Date Average Cost Menu Tree

Figure 6.2 is an illustration of the menu tree for the Expenditure Analysis – To Date Average Cost window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Expenditure Analysis – To Date Average Cost window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop down list box. If a commands or window option is faded, the command or window option is not available at the time.

A command or window option may be selected by the following methods:

1. Click the command or window option title.
2. Use a drop-down menu. Click the desired option title and a drop down box displays. Drag the mouse and let off the click on the desired command, or press the **Alt** button plus the underscored letter of the selected command and press **Enter**.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items matching criteria selected in the window header menu.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

Menu Selection: *Edit*

This command allows data to be modified.

Copy – Copies text from one area to another without retyping.

Field Information

Field Name: *Program Code*

Description – Indicates the type of State-specified funding that a claim is processed under. Note that when **All** is selected, shadow or encounter claims totals are not included. This selection is for reporting purposes only and is not a funding source.

Format – Alpha description

Features – Drop-down menu display

Valid values:

Refer to *Appendix FF* for the list of program codes including current

MCOs and a list of MAR windows updated to include shadow claims data.

Field Name: *Category of Service*

Description – Indicates the State classification assigned to each service billed on a claim. Selections available include high level summary categories, ending in 00, and low level detail categories (sub and sub-sub categories).

Format – Alpha description

Features – Drop-down menu display

Valid values:

Refer to *Appendix A* for valid values

Field Name: State Aid Category

Description – Indicates the FSSA specified grouping of the ICES categories of eligibility assigned to each person at the time of enrollment in a medical assistance program. For the CSHCS and 590 Prison programs, select the appropriate **program code** and select State aid category **Unknown** to display figures for the programs that are not ICES aid category driven.

Format – Alpha description

Features – Drop-down menu display

Valid values:

Refer to *Appendix G* for valid values.

Field Name: Reporting Period

Description – Indicates the data reported is from claims finalized to pay in the month selected.

Format – Month YY – rolling 18-month display

Features – Drop-down menu display

Field Name: Year-to-date

Description – Displays a selection box with the year-to-date values. Click the desired year-to-date. Reporting period is modified to include claims data accumulated from the beginning of the selected year-to-date value through the month in reporting period.

Format – Alpha description

Features – Selection box

Valid Values:

State Fiscal YTD, July 1 to June 30

Federal Fiscal YTD, October 1 to September 30

Calendar YTD, January 1 to December 31

Field Name: Aid Category

Description – Displays the aid category selected in the window header or all aid categories with data from paid claims that meet the criteria selected in the header menu.

Format – Alpha description

Features – Protected – display only

Field Name: Allowed Previous YTD

Description – Displays an average of the dollars allowed per recipient for the year-to-date value prior to the current year selected in the header menu.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Paid Previous YTD

Description – Displays an average of the dollars paid per recipient for the year-to-date value prior to the current year selected in the header menu.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Average Allowed Per Recipient

Description – Displays the average allowed per participating recipient for the year-to-date value accumulation. Calculated as the total allowed amount on the claims, divided by the number of unduplicated recipients served.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Average Paid Per Recipient

Description – Displays the average paid, per participating recipient, for the year-to-date value accumulation. Calculated as the total paid amount on the claims, divided by the number of unduplicated recipients served.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Allowed Percent Variance

Description – Displays the percentage that the current year-to-date average allowed varies from the Previous YTD average allowed. Calculated as the difference of the average allowed per recipient, minus the previous selected year average, divided by the previous selected year average.

Format – 99.99 percent

Features – Protected – display only

Field Name: Paid Percent Variance

Description – Displays the percentage that the current year-to-date average paid varies from the Previous YTD average paid. Calculated as the difference of the average paid per recipient, minus the previous selected year average, divided by the previous selected year average.

Format – 99.99 percent

Features – Protected – display only

Field Name: Unduplicated Participating Recipients

Description – Displays an unduplicated count of the recipients on the claims reported as that meet the criteria selected in the header menu. This count only includes recipients from paid claims.

Format – 99,999,999

Features – Protected – display only

Other Messages

No Matching Records Found.

System Information

PBL – MAR05.PBL

Window – W_4834TD_EXP_ANLY_TD_AVG_COST

Menu – M_MAR_OPTIONS

Data Window – DW_4834TD_EXP_ANLY_TD_AVG_COST

System Features

Click the **Monthly** button to display a window titled Expenditure Analysis – In Monthly Average Cost. All menu selections made in the primary window carry forward to this window.

Click the **Exit** button to return to the window Expenditure Analysis – To Date Average Cost window.

Click the **Select** button to populate the window with data matching the criteria selected in the header menu.

Click the **Exit** button from the primary window to exit the Expenditure Analysis – To Date Average Cost window and return to any open window or to the Indiana MAR menu bar if no other windows are open.

Section 7: Financial Summary Window

Introduction

To bring up the Financial Summary window, click **Expenditure** on the main command bar and a drop-down menu appears. Click **Financial Summary** and a slide-out menu appears. Click **Current Month** and the Financial Summary window displays. Access the Financial Summary – To Date window.

The following menu options display:

- Program Code
- Category of Service
- Reporting Period

The Financial Summary presents calculations of projected budget variances for each category of service. Expenditure allowed amounts are by detail level; expenditure paid amounts are the allowed amount, minus any cutback amount applicable at claim header level.

| Financial Summary (WM48-02R) | | |
|---|-------------------|-----------------------------|
| File Edit | | |
| Program Code | ALL | ↓ |
| Category of Service | ALL | ↓ |
| Reporting Period | September 1996 | ↓ |
| | This Month | This Month Last Year |
| Budget | | |
| Allowed | | |
| Expenditure | | |
| Variance | | |
| Percent | | |
| Financial Summary To Date Totals | | |
| Select Exit | | |

Figure 7.1 – Financial Summary Window

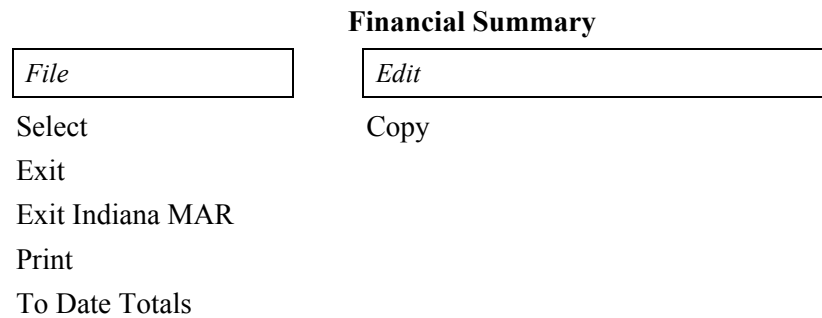


Figure 7.2 – Financial Summary Menu Tree

Figure 7.2 is an illustration of the menu tree for the Financial Summary window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Financial Summary window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop down list box. If a commands or window option is faded, the command or window option is not available at the time.

A command or window option may be selected by the following methods:

1. Click the command or window option title.
2. Use a drop-down menu. Click the desired option title and a drop down box displays. Drag the mouse and let off the click on the desired command, or press the **Alt** button plus the underscored letter of the selected command and press **Enter**.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

To Date – Displays a window titled Financial Summary – To Date.

Menu Selection: Edit

This command allows data to be modified.

Copy – Copies text from one area to another without retyping.

Field Information**Field Name: Program Code**

Description – Indicates the type of State-specified funding that a claim is processed under. Note that when **All** is selected, shadow or encounter claims totals are not included. This selection is for reporting purposes only and is not a funding source.

Format – Alpha description

Features – Drop-down menu display

Valid values:

Refer to *Appendix FF* for the list of program codes including current

MCOs and a list of MAR windows updated to include shadow claims data.

Field Name: Category of Service

Description – Indicates the State classification assigned to each service billed on a claim. Selections available include high level summary categories, ending in 00, and low level detail categories (sub and sub-sub categories).

Format – Alpha description

Features – Drop-down menu display

Valid values:

Refer to *Appendix A* for valid values

Field Name: Reporting Period

Description – Indicates the data reported is from claims that were finalized in the selected month.

Format – Month YY – rolling 18-month display

Features – Drop-down menu display

Field Name: Budget – This Month

Description – Displays the budget allowance for the selected category of service and reporting period as input on the Budget Analysis window.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Allowed – This Month

Description – Displays the actual allowed amounts for all claims paid with the selected category of service for the reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Expenditure – This Month

Description – Displays the actual paid amounts for all claims paid with the selected category of service for the reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Variance – This Month

Description – Displays the dollar amount difference for Expenditures – This Month, minus Budget – This Month.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Percent – This Month

Description – Displays the percentage of variance. Calculated as the difference of expenditures, minus budgeted amount, divided by the budgeted amount.

Format – 99.99 percent

Features – Protected – display only

Field Name: Budget – This Month Last Year

Description – Displays the previous year data for the budget for the selected category of service and reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Allowed – This Month Last Year

Description – Displays the previous year data for the actual allowed amount totals for the category of service and reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Expenditure – This Month Last Year

Description – Displays the previous year data for the actual paid amount totals for the category of service and reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Variance – This Month Last Year

Description – Displays the dollar amount of the expenditure total for the same month last year, minus the budget amount for the same reporting period for the selected category of service.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Percent – This Month Last Year

Description – Displays the variance as a percent. Calculated as the difference of historical expenditure, minus the historical budget, divided by the historical budget amount.

Format – 99.99 percent.

Features – Protected – display only

Other Messages

No Matching Records Found.

System Information

PBL – MAR05.PBL

Window – W_482_FIN_SUM

Menu – M_MAR_OPTIONS

Data Window – DW_482_FIN_SUM

System Features

Click the **To Date Totals** button to display a window titled Financial Summary – To Date. All menu selections made in the primary window carry forward to this window.

Click the **Exit** button from the window to return to the Financial Summary window.

Click the **Select** button to populate the window with data matching the criteria selected in the header menu.

Click the **Exit** button from the primary window to exit the Financial Summary window and return to any open window or to the Indiana MAR menu bar if no other windows are open.

Section 8: Financial Summary – To Date Window

Introduction

To bring up the Financial Summary – To Date window click **Expenditure** on the main command bar and a drop-down menu appears. Click **Financial Summary** and a slide-out menu appears. Click **Year-to-date** and the Financial Summary – To Date window displays.

The following menu options display:

- Program Code
- Category of Service
- Reporting Period

The Financial Summary To Date window presents calculations of projected budget variances for year-to-date periods for each category of service. Expenditures allowed amounts are by detail level; expenditure paid amounts are the allowed amount, minus any cutback amount applicable at claim header level.

Financial Summary To Date [YM48-02R]

File Edit

Program Code ALL

Category of Service ALL

Reporting Period September 1996

☒ State Fiscal YTD
☐ Federal Fiscal YTD
☐ Calendar YTD

| | This Month | This Month Last Year | Current Year | Previous Year |
|--------------------|-------------------|-----------------------------|---------------------|----------------------|
| Budget | | | | |
| Allowed | | | | |
| Expenditure | | | | |
| Variance | | | | |
| Percent | | | | |

Select **Exit**

Figure 8.1 – Financial Summary To Date Window

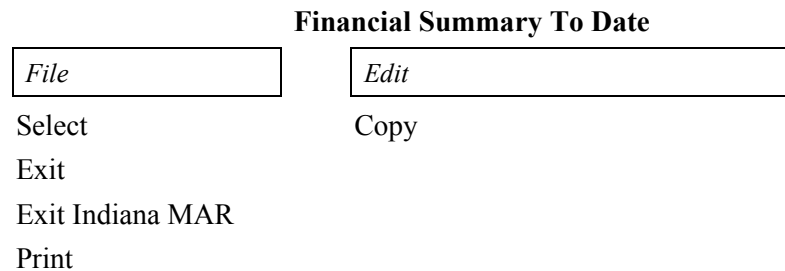


Figure 8.2 – Financial Summary To Date Menu Tree

Figure 8.2 is an illustration of the menu tree for the Financial Summary- To Date window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Financial Summary – To Date window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop down list box. If a commands or window option is faded, the command or window option is not available at the time.

A command or window option may be selected by the following methods:

1. Click the command or window option title.
2. Use a drop-down menu. Click the desired option title and a drop down box displays. Drag the mouse and let off the click on the desired command, or press the **Alt** button plus the underscored letter of the selected command and press **Enter**.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

Menu Selection: Edit

This command allows data to be modified.

Copy – Copies text from one area to another without retyping.

Field Information**Field Name: Program Code**

Description – Indicates the type of State-specified funding that a claim is processed under. Note that when **All** is selected, shadow or encounter claims totals are not included. This selection is for reporting purposes only and is not a funding source.

Format – Alpha description

Features – Drop-down menu display

Valid values:

Refer to *Appendix FF* for the list of program codes including current

MCOs and a list of MAR windows updated to include shadow claims data.

Field Name: Category of Service

Description – Indicates the State classification assigned to each service billed on a claim. Selections available include high level summary categories, ending in 00, and low level detail categories (sub and sub-sub categories).

Format – Alpha description

Features – Drop-down menu display

Valid values:

Refer to *Appendix A* for valid values

Field Name: Reporting Period

Description – Indicates the data reported is from claims that were finalized in the month selected.

Format – Month YY – rolling 18-month display

Features – Drop-down menu display

Field Name: Year-to-date

Description – Displays a selection box with the year-to-date values. Click the desired year-to-date. Reporting period is modified to include claims data accumulated from the beginning of the selected year-to-date value through the month in reporting period.

Format – Alpha description

Features – Selection box

Valid Values:

State Fiscal YTD, July 1 to June 30

Federal Fiscal YTD, October 1 to September 30

Calendar YTD, January 1 to December 31

Field Name: Budget – This Month

Description – Displays the budget allowance for the selected category of service and reporting period as indicated on the Budget Analysis window.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Allowed – This Month

Description – Displays the actual allowed amounts for all claims paid with the selected category of service for the reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Expenditure – This Month

Description – Displays the actual paid amounts for all claims paid for the selected category of service for the reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Variance – This Month

Description – Displays the dollar amount difference of Expenditures – This Month, minus Budget – This Month.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Percent – This Month

Description – Displays the variance as a percent. Calculated as the difference of expenditures, minus budget amount, divided by the budget amount.

Format – 99.99 percent

Features – Protected – display only

Field Name: Budget – This Month Last Year

Description – Displays the previous year data from the budget for the selected category of service and reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Allowed – This Month Last Year

Description – Displays the previous year data from the actual allowed amount totals for the category of service and reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Expenditure – This Month Last Year

Description – Displays the previous year data for the actual paid amount totals for the category of service and reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Variance – This Month Last Year

Description – Displays the dollar amount difference of the previous year expenditures, minus the previous year budget amount for the selected category of service and reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Percent – This Month Last Year

Description – Displays the variance as a percent. Calculated as the difference of historical expenditures, minus the historical budget amount, divided by the historical budget amount.

Format – 99.99 percent.

Features – Protected – display only

Field Name: Budget – Current Year

Description – Displays the year-to-date budget allowance for the selected category of service and reporting period. This field is an accumulation of the budget of each month from the first month of the selected year-to-date value through the month selected in reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Allowed – Current Year

Description – Displays the year-to-date actual allowed amounts for all claims paid for the selected category of service for the reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Expenditure – Current Year

Description – Displays the year-to-date actual paid amounts for all claims paid with the selected category of service for the reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Variance – Current Year

Description – Displays the dollar amount difference of Expenditures – Current Year, minus Budget – Current Year.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Percent – Current Year

Description – Displays the variance as a percent. Calculated as the difference of current year-to-date expenditures, minus current year-to-date budget total, divided by the current year-to-date budget total.

Format – 99.99 percent

Features – Protected – display only

Field Name: Budget – Previous Year

Description – Displays the previous year-to-date data from the budget for the selected category of service and reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Allowed – Previous Year

Description – Displays the previous year-to-date data from the actual allowed amount totals for the category of service and reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Expenditure – Previous Year

Description – Displays the previous year-to-date data from the actual paid amount totals for the category of service and reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Variance – Previous Year

Description – Displays the dollar amount difference from previous year-to-date's expenditures, minus the previous year-to-date's budget amount for the selected category of service and reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Percent – Previous Year

Description – Displays the variance as a percent. Calculated as the difference of historical year-to-date expenditures, minus the historical year-to-date budget amount, divided by the historical year-to-date budget.

Format – 99.99 percent.

Features – Protected – display only

Other Messages

No Matching Records Found.

System Information

PBL – MAR05.PBL

Window – W_482TD_FIN_SUM_TD

Menu – M_MAR_OPTIONS

Data Window – DW_482TD_FIN_SUM_TD

System Features

Click the **Select** button to populate the window with data matching the criteria selected in the header menu.

Click the **Exit** button from the primary window to exit the Financial Summary – To Date window and return to any open window or to the Indiana MAR menu bar if no other windows are open.

Section 9: Non Claim Specific Financial Transactions Window

Introduction

To bring up the Non Claim Specific Financial Transactions window, click **Expenditure** on the main command bar and a drop-down menu appears. Click **Financial Summary** and a slide-out menu appears. Click **Non Claim Specific Summary** and the Non Claim Specific Financial Transactions window displays.

The following menu options display:

- Program Code
- Reporting Period

The Non Claim Specific Financial Transactions window presents payout and recoupment information for non-claim specific transactions with the reason code of the transactions.

The window is coded so that if type and specialty are selected, all provider numbers corresponding to that type and specialty display. However, if a type or specialty is not selected, the window displays a summary of reason codes by provider type and specialty combinations.

| Non Claim Specific Financial Transactions | | | | | | | |
|---|----------------|--|--|--|--|--|---|
| File Edit | | | | | | | |
| Program Code | ALL | | | | | | ↓ |
| Provider Type | ALL | | | | | | ↓ |
| Provider Specialty | ALL | | | | | | ↓ |
| Provider Number | | | | | | | |
| Reporting Period | September 1996 | | | | | | ↓ |

| Provider Number | Type | Spec. | Reason Code | Description | Dollar Amt Payout | Dollar Amt Recouped |
|--------------------|------|-------|----------------|-------------|----------------------|------------------------|
| | | | | | | |

Select Exit

Figure 9.1 – Non Claim Specific Financial Transactions Window

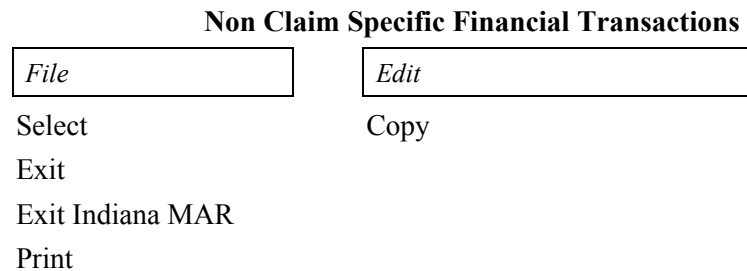


Figure 9.2 – Non Claim Specific Financial Transactions

Figure 9.2 is an illustration of the menu tree for the Non Claim Specific Financial Transactions window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Non Claim Specific Financial Transactions window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop down list box. If a commands or window option is faded, the command or window option is not available at the time.

A command or window option may be selected by the following methods:

1. Click the command or window option title.
2. Use a drop-down menu. Click the desired option title and a drop down box displays. Drag the mouse and let off the click on the desired command, or press the **Alt** button plus the underscored letter of the selected command and press **Enter**.

Menu Selection: *File*

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

Menu Selection: Edit

This command allows data to be modified.

Copy – Copies text from one area to another without retyping.

Field Information**Field Name: Program Code**

Description – Indicates the type of State-specified funding that a claim is processed under. Note that when **All** is selected, shadow or encounter claims totals are not included. This selection is for reporting purposes only and is not a funding source.

Format – Alpha description

Features – Drop-down menu display

Valid values:

Refer to *Appendix FF* for the list of program codes including current

MCOs and a list of MAR windows updated to include shadow claims data.

Field Name: Provider Type

Description – Indicates the type of licensure or certification.

Format – Alpha description

Features – Drop-down menu display

Valid values:

Refer to *Appendix N* for valid values.

Field Name: Provider Specialty

Description – Indicates the primary scope of practice for a provider.

Format – Alpha description

Features – Drop-down menu display

Valid values:

Refer to *Appendix O* for valid values.

Field Name: Provider ID

Description – Indicates the unique identification number assigned to a provider. Input nine numeric characters to view data for an individual provider or leave blank to view data for all providers matching criteria selected in header menu.

Format – Nine numeric characters

Features – User input field

Field Name: Reporting Period

Description – Indicates the data reported is from claims finalized in the month selected.

Format – Month YY – rolling 18-month display

Features – Drop-down menu display

Field Name: Provider Number

Description – Indicates the unique identification number assigned to a provider. This field displays only if a type and specialty are selected. If a type and specialty are not selected, the window displays a summary of reason codes by the provider type and specialty.

Format – Nine numeric characters

Features – Display only

Field Name: Provider Type

Description – Indicates the provider type associated with the displayed reason code that displays.

Format – Numeric code

Features – Display only

Field Name: Provider Specialty

Description – Indicates the provider specialty associated with the displayed reason code that displays.

Format – Numeric code

Features – Display only

Field Name: Reason Code

Description – Displays the four character numeric code associated with each transaction reported.

Format – Four digit numeric

Features – Protected – display only

Refer to *Appendix BB* for valid values.

Field Name: Description

Description – Displays a short sentence describing the reason code for the transactions reported.

Format – Alpha description

Features – Protected – display only

Field Name: Dollar Amt Payout

Description – Displays the dollar total of amounts paid out due to non claim specific financial transactions.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Dollar Amt Recouped

Description – Displays the dollar total of amounts recouped due to non-claim specific financial transactions. This field also serves to identify the dollars repaid by the A/R process for the dollars paid out for cash advances.

Format – \$9,999,999,999.99

Features – Protected – display only

Other Messages

Invalid Provider ID – The requested provider number or selected provider ID is not found on the database.

Ineligible Provider – The requested provider number or selected provider ID has no valid segments for the selected reporting period.

Ineligible Provider – The requested provider number or selected provider ID is not eligible for the provider type or selected provider type code in the selected reporting period.

System Information

PBL – MAR05.PBL

Window – W_NON_CL_SPECIFIC

Menu – M_MAR_OPTIONS

Data Window – DW_NON_CL_SPECIFIC

System Features

Click the **Select** button to populate the window with data matching the criteria selected in the header menu.

Click the **Exit** button from the primary window to exit the Non Claim Specific Financial Transactions window and return to any open window or to the Indiana MAR menu bar if no other windows are open.

Section 10: Claim Payment Statistics – Provider Type Window

Introduction

To bring up the Claim Payment Statistics – Provider Type window, click **Expenditure** on the main command bar and a drop-down menu appears. Click **Claim Payment Statistics** and a slide-out menu appears. Click **Provider Type** and another slide-out menu appears. Click **Monthly** and the Claim Payment Statistics – Provider Type window displays. Access the following windows from this window:

- Claim Payment Statistics To Date – Provider Type
- Claim Payment Statistics – Category of Service
- Operational Performance Summary

The following menu options display:

- Program Code
- Claim Type
- Provider Type
- Provider Specialty
- Reporting Period

This window provides claim payment statistical information by claim type, provider type, and provider specialty for a selected month and provides a comparison of paid and denied claim information.

Claim Payment Statistics - Provider Type [WM10-30R]

File Edit

Program Code ALL

Claim Type ALL

Provider Type ALL

Provider Specialty ALL

Reporting Period September 1996

| type | Provider Specialty | Number of Claims | Units of Service | Paid Dollars Allowed | Dollars Paid | Denied Number of Claims | Dollars Billed |
|------|--------------------|------------------|------------------|----------------------|--------------|-------------------------|----------------|
|------|--------------------|------------------|------------------|----------------------|--------------|-------------------------|----------------|

Claim Payment Statistics To Date Totals

Claim Payment Statistics Category of Service

Operational Performance Summary

Select Exit

Figure 10.1 – Claim Payment Statistics – Provider Type Window

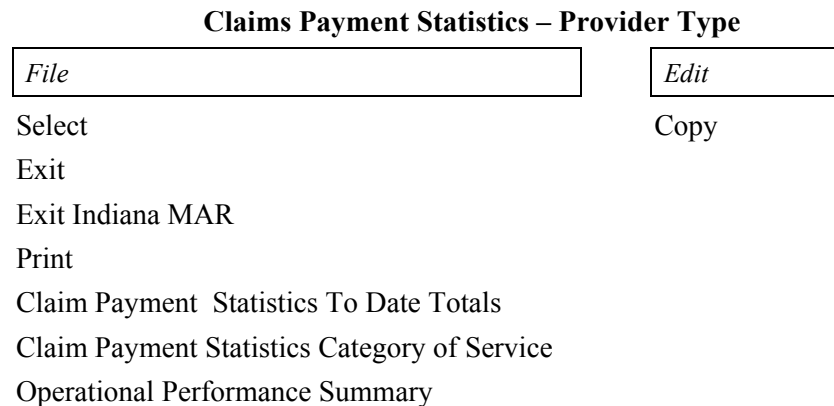


Figure 10.2 – Claims Payment Statistics – Provider Type Menu Tree

Figure 10.2 is an illustration of the menu tree for the Claim Payment Statistics – Provider Type window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Claim Payment Statistics – Provider Type window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop down list box. If a commands or window option is faded, the command or window option is not available at the time.

A command or window option may be selected by the following methods:

1. Click the command or window option title.
2. Use a drop-down menu. Click the desired option title and a drop down box displays. Drag the mouse and let off the click on the desired command, or press the **Alt** button plus the underscored letter of the selected command and press **Enter**.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

Claim Payment – Statistics To Date – Displays a window titled Claim Payment Statistics To Date – Provider Type.

Claim Payment Statistics – Category of Service – Displays a window titled Claims Payment Statistics – Category of Service.

Operational Performance Summary – Displays a window titled Operational Performance Summary.

Menu Selection: Edit

This command allows data to be modified.

Copy – Copies text from one area to another without retyping.

Field Information

Field Name: Program Code

Description – Indicates the type of State-specified funding that a claim is processed under. Note that when **All** is selected, shadow or encounter claims totals are not included. This selection is for reporting purposes only and is not a funding source.

Format – Alpha description

Features – Drop-down menu display

Valid values:

Refer to *Appendix FF* for the list of program codes including current

MCOs and a list of MAR windows updated to include shadow claims data.

Field Name: Claim Type

Description – Indicates the type of bill to process.

Format – Alpha description

Features – Drop-down menu display

Valid values:

Refer to *Appendix Q* for valid values.

Field Name: Provider Type

Description – Indicates the type of licensure or certification.

Format – Alpha description

Features – Drop-down menu display

Valid values:

Refer to *Appendix N* for valid values.

Field Name: Provider Specialty

Description – Indicates the primary scope of practice for a provider.

Format – Alpha description

Features – Drop-down menu display

Valid values:

Refer to *Appendix O* for valid values.

Field Name: Reporting Period

Description – Indicates the data reported for claims finalized in the month selected.

Format – Month YY – rolling 18-month display

Features – Drop-down menu display

Field Name: Provider Type

Description – Displays the provider type selected in the header menu or any provider type with data meeting the other criteria selected in the header menu if **All** was selected.

Format – Alpha description

Features – Protected – display only

Field Name: Provider Specialty

Description – Displays the provider specialty selected in the header menu or any provider specialty with data meeting the other criteria selected in the header menu if **All** was selected.

Format – Alpha description

Features – Protected – display only

Field Name: Paid – Number of Claims

Description – Displays the number of claims submitted by a provider type and specialty paid during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Paid – Units of Service

Description – Displays the number of units of service submitted by a provider type and specialty paid during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Paid – Dollars Allowed

Description – Displays the total dollar amount allowed for claims submitted by a provider type and specialty paid during the reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Paid – Dollars Paid

Description – Displays the total dollar amount paid for claims submitted by a provider type and specialty paid during the reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Denied – Number of Claims

Description – Displays the number of claims submitted by a provider type and specialty denied during the Reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Denied – Dollars Billed

Description – Displays the total dollars billed of claims submitted by a provider type and specialty denied during the reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Other Messages

No Matching Records Found.

System Information

PBL – MAR05.PBL

Window – W_101B_CLM_PMT_STAT_PT

Menu – M_MAR_OPTIONS

Data Window – DW_101B_CLM_PMT_STAT_PT

System Features

Click the **Claim Payment Statistics To Date Totals** button to display the window titled Claim Payment Statistics To Date – Provider Type. All menu selections made in the primary window carry forward to this window.

Click the **Claim Payment Statistics Category Of Service** button to display the window titled Claim Payment Statistics – Category Of Service. Menu selections: **Program Code**, **Claim Type** and **Reporting Period** from the primary window carry forward to this window.

Click the **Operational Performance Summary** button to display a window titled Operational Performance Summary. Menu selections: **Program Code** and **Reporting Period** from the primary window carry forward to this window.

Click the **Exit** button to return to the Claim Payment Statistics – Provider Type window.

Click the **Select** button to populate the window with data matching the criteria selected in the header menu.

Click the **Exit** button from the primary window to exit the Claim Payment Statistics – Provider Type window and return to any open window or to the Indiana MAR menu bar if no other windows are open.

Section 11: Claim Payment Statistics To Date – Provider Type Window

Introduction

To bring up the Claim Payment Statistics To Date – Provider Type window, click **Expenditure** on the main command bar and a drop-down menu appears. Click **Claim Payment Statistics** and a slide-out menu appears. Click **Provider Type** and another slide-out menu appears. Click **To Date Totals** and the Claim Payment Statistics To Date – Provider Type window displays. Access the following windows from this window:

- Claim Payment Statistics – Provider Type
- Claim Payment Statistics To Date – Category of Service
- Operational Performance Summary

The following menu options display:

- Program Code
- Claim Type
- Provider Type
- Provider Specialty
- Reporting Period

This window provides claims payment information by claim type, provider type, and provider specialty for selected year-to-date values and provides a comparison of paid and denied claim information.

| Claim Payment Statistics To Date - Provider Type [WM10-30R] | | | | | | | |
|---|----------------|--|--|--|--|---|--|
| File Edit | | | | | | | |
| Program Code | ALL | | | | | <input checked="" type="radio"/> State Fiscal YTD <input type="radio"/> Federal Fiscal YTD <input type="radio"/> Calendar YTD | |
| Claim Type | ALL | | | | | | |
| Provider Type | ALL | | | | | | |
| Provider Specialty | ALL | | | | | | |
| Reporting Period | September 1996 | | | | | | |

| type | Provider Specialty | Number of Claims | Units of Service | Paid Dollars Allowed | Dollars Paid | Denied Number of Claims | Dollars Billed |
|------|--------------------|------------------|------------------|----------------------|--------------|-------------------------|----------------|
| | | | | | | | |

Claim Payment Statistics Monthly

Claim Payment Statistics Category of Service

Operational Performance Summary

Select

Exit

Figure 11.1 – Claim Payment Statistics To Date – Provider Type Window

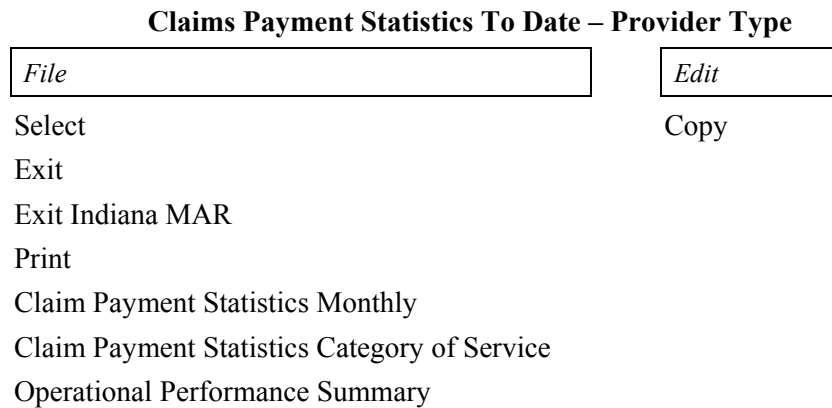


Figure 11.2 – Claims Payment Statistics To Date – Provider Type Menu Tree

Figure 11.2 is an illustration of the menu tree for the Claim Payment Statistics To Date – Provider Type window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Claim Payment Statistics To Date – Provider Type window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop down list box. If a commands or window option is faded, the command or window option is not available at the time.

A command or window option may be selected by the following methods:

1. Click the command or window option title.
2. Use a drop-down menu. Click the desired option title and a drop down box displays. Drag the mouse and let off the click on the desired command, or press the **Alt** button plus the underscored letter of the selected command and press **Enter**.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

Claim Payment Statistics – Provider Type – Displays a window titled Claim Payment Statistics – Provider Type.

Claim Payment Statistics – Category of Service – Displays a window titled Claim Payment Statistics To Date – Category of Service.

Operational Performance Summary – Displays a window titled Operational Performance Summary.

Menu Selection: Edit

This command allows data to be modified.

Copy – Copies text from one area to another without retyping.

Field Information

Field Name: Program Code

Description – Indicates the type of State-specified funding that a claim is processed under. Note that when **All** is selected, shadow or encounter claims totals are not included. This selection is for reporting purposes only and is not a funding source.

Format – Alpha description

Features – Drop-down menu display

Valid values:

Refer to *Appendix FF* for the list of program codes including current

MCOs and a list of MAR windows updated to include shadow claims data.

Field Name: Claim Type

Description – Indicates the type of bill processed by the system.

Format – Alpha description

Features – Drop-down menu display

Valid values:

Refer to *Appendix Q* for valid values.

Field Name: Provider Type

Description – Indicates the type of licensure or certification.

Format – Alpha description

Features – Drop-down menu display

Valid values:

Refer to *Appendix N* for valid values.

Field Name: Provider Specialty

Description – Indicates the primary scope of practice for a provider.

Format – Alpha description

Features – Drop-down menu display

Valid values:

Refer to *Appendix O* for valid values.

Field Name: Reporting Period

Description – Indicates the data reported is for claims finalized in the month selected.

Format – Month YY – rolling 18-month display

Features – Drop-down menu display

Field Name: Year To Date

Description – Displays a selection box with the year-to-date values. Click the desired year-to-date. Reporting period is modified to include claims data accumulated from the beginning of the selected year to date value through the month in reporting period.

Format – Alpha description

Features – Selection box

Valid Values:

State Fiscal YTD, July 1 to June 30

Federal Fiscal YTD, October 1 to September 30

Calendar YTD, January 1 to December 31

Field Name: Provider Type

Description – Displays the provider type selected above or any provider type with data corresponding to the header menu selections if **All** is selected.

Format – Alpha description

Features – Protected – display only

Field Name: Provider Specialty

Description – Displays the provider specialty selected above or any provider specialties with data corresponding to the header menu selections if **All** is selected.

Format – Alpha description

Features – Protected – display only

Field Name: Paid – Number of Claims

Description – Displays the number of claims submitted by the provider type and specialty paid in the year-to-date of the selected reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Paid – Units of Service

Description – Displays the number of units of service submitted by the provider type and specialty for claims paid in the year-to-date of the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Paid – Dollars Allowed

Description – Displays the total dollar amount allowed for claims submitted by the provider type and specialty paid in the year-to-date of the reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Paid – Dollars Paid

Description – Displays the total dollar amount paid for claims submitted by the provider type and specialty that paid in the year-to-date of the reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Denied – Number of Claims

Description – Displays the number of claims submitted by the provider type and specialty denied during the year-to-date of the reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Denied – Dollars Billed

Description – Displays the total dollars billed on claims submitted by the provider type and specialty denied during the year-to-date of the reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Other Messages

No Matching Records Found.

System Information

PBL – MAR05.PBL

Window – W_101BTD_CLM_PMT_STAT_PT

Menu – M_MAR_OPTIONS

Data Window – DW_101BTD_CLM_PMT_STAT_PT

System Features

Click the **Claim Payment Statistics Monthly** button to display a window titled Claim Payment Statistics – Provider Type. All menu selections made in the primary window carry forward to this window.

Click the **Claim Payment Statistics Category Of Service** button to display a window titled Claim Payment Statistics – Category of Service. Menu selections: **Program Code**, **Claim Type** and **Reporting Period** from the primary window carry forward to this window.

Click the **Operational Performance Summary** button to display a window titled Operational Performance Summary. Menu selections: **Program Code** and **Reporting Period** from the primary window carry forward to this window.

Click the **Exit** button from a window to return to the Claim Payment Statistics To Date – Provider Type window.

Click the **Select** button to populate the window with data matching the criteria selected in the header menu.

Click the **Exit** button from the primary window to exit the Claim Payment Statistics To Date – Provider Type window and return to any open window or to the Indiana MAR menu bar if no other windows are open.

Section 12: Claim Payment Statistics – Category of Service Window

Introduction

To bring up the Claim Payment Statistics – Category of Service window, click **Expenditure** on the main command bar and a drop-down menu appears. Click **Claim Payment Statistics** and a slide-out menu appears. Click **Category of Service** and another slide-out menu appears. Click **Monthly** and the Claim Payment Statistics – Category of Service window displays. Access the following windows from this point:

- Claim Payment Statistics To Date – Category of Service
- Claim Payment Statistics – Provider Type
- Operational Performance Summary

The following menu options display:

- Program Code
- Claim Type
- Category of Service
- Reporting Period

The Claims Payment Statistics – Category of Service provides claim payment statistical information by claim type and category of service for a selected month. This window also acts as a balancing check to validate claims processing reported data and other MAR reportings.

| Claim Payment Statistics - Category of Service [WM10-30R] | | | | | |
|---|----------------|--|--|--|--|
| File Edit | | | | | |
| Program Code | ALL | | | | |
| Claim Type | ALL | | | | |
| Category of Service | ALL | | | | |
| Reporting Period | September 1996 | | | | |

| Category of Service | Number of Claims | Paid Units of Service | Dollars Allowed | Denied Number of Claims | Dollars Billed |
|---------------------|---------------------|-----------------------------|--------------------|-------------------------------|-------------------|
| | | | | | |

Claim Payment Statistics To Date Totals

Claim Payment Statistics Provider Type

Operational Performance Summary

Select Exit

Figure 12.1 – Claim Payment Statistics – Category of Service Window

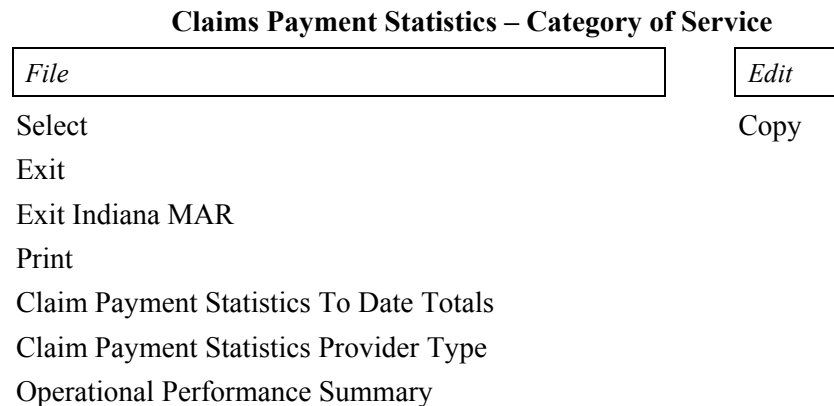


Figure 12.2 – Claims Payment Statistics – Category of Service Menu Tree

Figure 12.2 is an illustration of the menu tree for the Claim Payment Statistics – Category of Service window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Claim Payment Statistics – Category of Service window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop down list box. If a commands or window option is faded, the command or window option is not available at the time.

A command or window option may be selected by the following methods:

1. Click the command or window option title.
2. Use a drop-down menu. Click the desired option title and a drop down box displays. Drag the mouse and let off the click on the desired command, or press the **Alt** button plus the underscored letter of the selected command and press **Enter**.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

Claim Payment Statistics To Date Totals – Displays a window titled Claim Payment Statistics To Date – Category of Service.

Claim Payment Statistics Provider Type – Displays a window titled Claim Payment Statistics – Provider Type.

Operational Performance Summary – Displays a window titled Operational Performance Summary.

Menu Selection: Edit

This command allows data to be modified.

Copy – Copies text from one area to another without retyping.

Field Information

Field Name: Program Code

Description – Indicates the type of State-specified funding that a claim is processed under. Note that when **All** is selected, shadow or encounter claims totals are not included. This selection is for reporting purposes only and is not a funding source.

Format – Alpha description

Features – Drop-down menu display

Valid values:

Refer to *Appendix FF* for the list of program codes including current

MCOs and a list of MAR windows updated to include shadow claims data.

Field Name: Claim Type

Description – Indicates the type of bill processed by the system.

Format – Alpha description

Features – Drop-down menu display

Valid values:

Refer to *Appendix Q* for valid values.

Field Name: Category of Service

Description – Indicates the State classification assigned to each service billed on a claim. Selections available include high level summary categories, ending in 00, and low level detail categories (sub and sub-sub categories).

Format – Alpha description

Features – Drop-down menu display

Valid values:

Refer to *Appendix A* for valid values

Field Name: Reporting Period

Description – Indicates the data reported is from claims finalized in the month selected.

Format – Month YY – rolling 18-month display

Features – Drop-down menu display

Field Name: Category of Service

Description – Displays the category of service selected in the header menu or any category of service with data matching the other criteria selected in the header menu if **All** is selected.

Format – Alpha description

Features – Protected – display only

Field Name: Paid – Number of Claims

Description – Displays the number of claims submitted by a provider type and specialty paid during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Paid – Units of Service

Description – Displays the number of units of service submitted with the category of service paid during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Paid – Dollars Allowed

Description – Displays the total dollar amount allowed on claims submitted with the category of service that have been paid within the reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Denied – Number of Claims

Description – Displays the number of claims submitted for the category of service denied during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Denied – Dollars Billed

Description – Displays the total dollar amount of claims submitted for the category of service denied during the reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only
Other Messages

No Matching Records Found.

System Information

PBL – MAR05.PBL

Window – W_101C_CLM_PMT_STAT_COS

Menu – M_MAR_OPTIONS

Data Window – DW_101C_CLM_PMT_STAT_COS

System Features

Click the **Claim Payment Statistics To Date Totals** button to display a window titled Claim Payment Statistics To Date – Category of Service. All menu selections made in the primary window carry forward to this window.

Click the **Claim Payment Statistics Provider Type** button to display a window titled Claim Payment Statistics – Provider Type. The menu selections **Program Code**, **Claim Type** and **Reporting Period** from the primary window carry forward to this window.

Click the **Operational Performance Summary** button to display a window titled Operational Performance Summary. The menu selections **Program Code** and **Reporting Period** from the primary window carry forward to this window.

Click the **Exit** button from a window to return to the Claim Payment Statistics – Category of Service window.

Click the **Select** button to populate the window with data matching the criteria selected in the header menu.

Click the **Exit** button from the primary window to exit the Claim Payment Statistics – Category of Service window and return to any open window or to the Indiana MAR menu bar if no other windows are open.

Section 13: Claim Payment Statistics To Date – Category of Service Window

Introduction

To bring up the Claim Payment Statistics To Date – Category of Service window, click **Expenditure** on the main command bar and a drop-down menu appears. Click **Claim Payment Statistics** and a slide-out menu appears. Click **Category of Service** and another slide-out menu appears. Click **To Date Totals** and the Claim Payment Statistics To Date – Category of Service window displays. Access the following windows from this point:

- Claim Payment Statistics – Category of Service
- Claim Payment Statistics To Date – Provider Type
- Operational Performance Summary

The following menu options display:

- Program Code
- Claim Type
- Category of Service
- Reporting Period

The Claims Payment Statistics To Date – Category of Service window provides claim payment statistic information by claim type and category of service for year-to-date time values. This window also acts as a balancing function to validate other MAR reportings.

| Claim Payment Statistics To Date - Category of Service (WM10-30R) | | | | | |
|---|----------------|---|---|--|--|
| File Edit | | | | | |
| Program Code | ALL | ↓ | <input checked="" type="radio"/> State Fiscal YTD <input type="radio"/> Federal Fiscal YTD <input type="radio"/> Calendar YTD | | |
| Claim Type | ALL | ↓ | | | |
| Category of Service | ALL | ↓ | | | |
| Reporting Period | September 1996 | ↓ | | | |

| Category of Service | Number of Claims | Paid Units of Service | Dollars Allowed | Number of Claims | Denied Dollars Billed |
|---------------------|---------------------|-----------------------------|--------------------|---------------------|-----------------------------|
| | | | | | |

Claim Payment Statistic Monthly

Claim Payment Statistics Provider Type

Operational Performance Summary

Select

Exit

Figure 13.1 – Claim Payment Statistics To Date – Category of Service Window

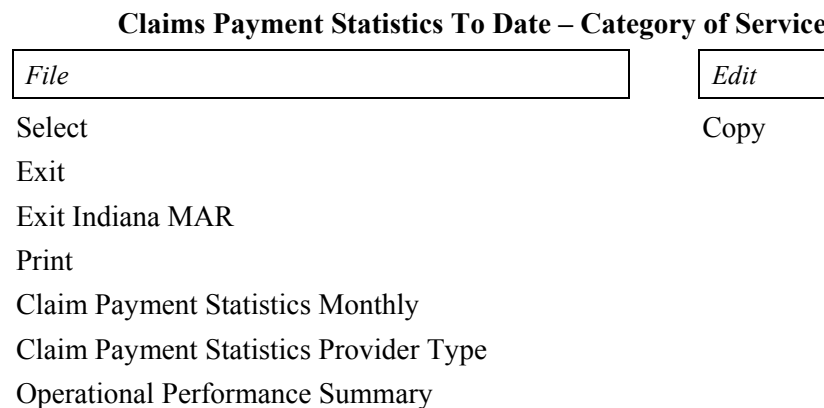


Figure 13.2 – Claims Payment Statistics To Date – Category of Service
Menu Tree

Figure 13.2 is an illustration of the menu tree for the Claim Payment Statistics To Date – Category of Service window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Claim Payment Statistics To Date – Category of Service window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop down list box. If a commands or window option is faded, the command or window option is not available at the time.

A command or window option may be selected by the following methods:

1. Click the command or window option title.
2. Use a drop-down menu. Click the desired option title and a drop down box displays. Drag the mouse and let off the click on the desired command, or press the **Alt** button plus the underscored letter of the selected command and press **Enter**.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

Claim Payment Statistics Monthly Totals – Displays a window titled Claim Payment Statistics – Category of Service.

Claim Payment Statistics Provider Type – Displays a window titled Claim Payment Statistics To Date – Provider Type.

Operational Performance Summary – Displays a window titled Operational Performance Summary:

Menu Selection: Edit

This command allows data to be modified.

Copy – Copies text from one area to another without retyping.

Field Information

Field Name: Program Code

Description – Indicates the type of State-specified funding that a claim is processed under. Note that when **All** is selected, shadow or encounter claims totals are not included. This selection is for reporting purposes only and is not a funding source.

Format – Alpha description

Features – Drop-down menu display

Valid values:

Refer to *Appendix FF* for the list of program codes including current

MCOs and a list of MAR windows updated to include shadow claims data.

Field Name: Claim Type

Description – Indicates the type of bill processed by the system.

Format – Alpha description

Features – Drop-down menu display

Valid values:

Refer to *Appendix Q* for valid values.

Field Name: Category of Service

Description – Indicates the State classification assigned to each service billed on a claim. Selections available include high level summary categories, ending in 00, and low level detail categories (sub and sub-sub categories).

Format – Alpha description

Features – Drop-down menu display

Valid values:

Refer to *Appendix A* for valid values

Field Name: Reporting Period

Description – Indicates the data reported is from claims finalized in the month selected.

Format – Month YY – rolling 18-month display

Features – Drop-down menu display

Field Name: Year To Date

Description – Displays a selection box with the year-to-date values. Click the desired year-to-date. Reporting period is modified to include claims data accumulated from the beginning of the selected year to date value through the month in reporting period.

Format – Alpha description

Features – Selection box

Valid Values:

State Fiscal YTD, July 1 to June 30

Federal Fiscal YTD, October 1 to September 30

Calendar YTD, January 1 to December 31

Field Name: Category of Service

Description – Displays the category of service selected in the header menu or any category of service with data matching the other criteria selected in the header menu if **All** is selected.

Format – Alpha description

Features – Protected – display only

Field Name: Paid – Number of Claims

Description – Displays the number of claims submitted by a provider type and specialty paid during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Paid – Units of Service

Description – Displays the number of units of service submitted for the category of service paid during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Paid – Dollars Allowed

Description – Displays the total dollar amount allowed on claims submitted for the category of service that have been paid within the reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Denied – Number of Claims

Description – Displays the number of claims submitted for the category of service denied during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Denied – Dollars Billed

Description – Displays the total dollar amount of claims submitted for the category of service denied during the reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Other Messages

No Matching Records Found.

System Information

PBL – MAR05.PBL

Window – W_101CTD_CL_PMT_STAT_COS

Menu – M_MAR_OPTIONS

Data Window – DW_101CTD_CL_PMT_STAT_COS

System Features

Click the **Claim Payment Statistics Monthly** button to display a window titled Claim Payment Statistics – Category of Service. All menu selections made in the primary window carry forward to this window.

Click the **Claim Payment Statistics Provider Type** button to display a window titled Claim Payment Statistics – Provider Type. The menu selections **Program Code**, **Claim Type** and **Reporting Period** from the primary window carry forward to this window.

Click the **Operational Performance Summary** button to display a window titled Operational Performance Summary. Menu selections: **Program Code** and **Reporting Period** from the primary window carry forward to this window.

Click the **Exit** button from a window to return to the Claim Payment Statistics To Date – Category of Service window.

Click the **Select** button to populate the window with data matching the criteria selected in the header menu.

Click the **Exit** button from the primary window to exit the Claim Payment Statistics To Date – Category of Service window and return to any previous open window or to the Indiana MAR menu bar if no window are open.

Section 14: Provider Participation – Historical Window

Introduction

To bring up the Provider Participation – Historical window, click **Provider** on the main command bar and a drop-down menu appears. Click **Participation** and a slide-out menu appears. Click **Historical** and another slide-out menu appears. Click **Current Month** and Provider Participation – Historical appears. Access the following windows from this point:

- Provider Participation – Historical Averages
- Provider Participation – To Date Totals
- Provider Participation – To Date Averages

The following menu options display:

- Program Code
- Provider Type
- Provider Specialty
- Reporting Period

This window provides for an analysis of current participation trends against historical provider statistical data by type and specialty and various indices of program service.

Provider Participation - Historical (WM38-11R)

File Edit

Program Code ALL **Provider Type** ALL **Provider Specialty** ALL **Reporting Period** September 1996

☒ All Providers
☐ In State Providers
☐ Out of State Providers

| | This Month | Same Month Last Year | Last Six Mo. Avg. |
|--------------------------------|------------|-------------------------|----------------------|
| Providers Enrolled | | | |
| Providers Participating | | | |
| Percent Participating | | | |
| Total Unduplicated Recipients | | | |
| Total Allowed Amount | | | |
| Total Paid Amount | | | |
| Number of Paid Claims | | | |
| Number of Denied Claims | | | |
| Amount Billed on Paid Claims | | | |
| Amount Billed on Denied Claims | | | |

Historical Averages
To Date Participation
To Date Averages
Select Exit

Figure 14.1 – Provider Participation – Historical Window

| Provider Participation – Historical | |
|-------------------------------------|-------------|
| <i>File</i> | <i>Edit</i> |
| Select | Copy |
| Exit | |
| Exit Indiana MAR | |
| Print | |
| Historical Averages | |
| To Date Participation | |
| To Date Averages | |

Table 14.1 – Provider Participation – Historical Menu Tree

Figure 14.2 is an illustration of the menu tree for the Provider Participation – Historical window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Provider Participation – Historical window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop down list box. If a commands or window option is faded, the command or window option is not available at the time.

A command or window option may be selected by the following methods:

1. Click the command or window option title.
2. Use a drop-down menu. Click the desired option title and a drop down box displays. Drag the mouse and let off the click on the desired command, or press the **Alt** button plus the underscored letter of the selected command and press **Enter**.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

Historical Averages – Displays a window titled Provider Participation – Historical Averages.

To Date Participation – Displays a window titled Provider Participation – To Date Totals.

To Date Averages – Displays a window titled Provider Participation – To Date Averages.

Menu Selection: Edit

This command allows data to be modified.

Copy – Copies text from one area to another without retyping.

Field Information

Field Name: Program Code

Description – Indicates the type of State-specified funding that a claim is processed under. Note that when **All** is selected, shadow or encounter claims totals are not included. This selection is for reporting purposes only and is not a funding source.

Format – Alpha description

Features – Drop-down menu display

Valid values:

Refer to *Appendix FF* for the list of program codes including current

MCOs and a list of MAR windows updated to include shadow claims data.

Field Name: Provider Type

Description – Indicates the type of licensure or certification.

Format – Alpha description

Features – Drop-down menu display

Valid values:

Refer to *Appendix N* for valid values.

Field Name: Provider Specialty

Description – Indicates the primary scope of practice for a provider.

Format – Alpha description

Features – Drop-down menu display

Valid values:

Refer to *Appendix O* for valid values.

Field Name: Reporting Period

Description – Indicates the claims reported finalized during the month selected.

Format – Month YY – rolling 18-month display

Features – Drop-down menu display

Field Name: Provider – Select

Description – Select the desired provider location value.

Format – Alpha description

Features – Click select value box

Valid values:

All Providers

In State Providers

Out of State Providers

Field Name: Providers Enrolled – This Month

Description – Displays the total number of providers enrolled that meet the criteria selected in the header menu.

Format – 99,999,999

Features – Protected – display only

Field Name: Providers Participating – This Month

Description – Displays the number of enrolled providers with claims processed to pay during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Percent Participating – This Month

Description – Displays the number of participating providers as a percentage of the total enrolled providers for the reporting period.

Format – 99.99 percent

Features – Protected – display only

Field Name: Total Unduplicated Recipients – This Month

Description – Displays an unduplicated count of the number of participating eligibles that meet the criteria selected in the header menu. This count only includes recipients from paid claims that finalized during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Total Allowed Amount – This Month

Description – Displays the dollar amount allowed for finalized claims that meet the criteria selected in the header menu.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Total Paid Amount – This Month

Description – Displays the dollar amount paid for finalized claims that meet the criteria selected in the header menu.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Number of Paid Claims – This Month

Description – Displays the number of submitted claims that meet the criteria selected in the header menu that processed for payment.

Format – 99,999,999

Features – Protected – display only

Field Name: Number of Denied Claims – This Month

Description – Displays the number of submitted claims that meet the criteria selected in the header menu that denied.

Format – 99,999,999

Features – Protected – display only

Field Name: Amount Billed on Paid Claims – This Month

Description – Displays the dollar amount total billed on the submitted claims that meet the criteria selected in the header menu that processed for payment.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Amount Billed on Denied Claims –This Month

Description – Displays the dollar amount total billed on the submitted claims that meet the criteria selected in the header menu that were denied.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Providers Enrolled – Same Month – Last Year

Description – Displays the number of providers enrolled that meet criteria selected in the header menu for the month of reporting period from the previous year.

Format – 99,999,999

Features – Protected – display only

Field Name: Providers Participating – Same Month – Last Year

Description – Displays the number of providers that have adjudicated claims that meet the criteria selected in the header menu for the month of reporting period from the previous year.

Format – 99,999,999

Features – Protected – display only

Field Name: Percent Participating – Same Month – Last Year

Description – Displays the number of participating providers as a percentage of the total enrolled providers for the month of reporting period from the previous year.

Format – 99.99 percent

Features – Protected – display only

Field Name: Total Unduplicated Recipients – Same Month – Last Year

Description – Displays an unduplicated count of participating eligibles for the month of reporting period from the previous year. This count only includes recipients from paid claims finalized during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Total Allowed Amount – Same Month – Last Year

Description – Displays the dollar allowed amount for all claims finalized that meet the criteria selected in the header menu for the month of reporting period from the previous year.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Total Paid Amount – Same Month – Last Year

Description – Displays the dollar paid amount for all claims finalized that meet the criteria selected in the header menu for the month of reporting period from the previous year.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Number of Paid Claims – Same Month – Last Year

Description – Displays the number of claims that meet the criteria selected in the header menu and processed for payment during the reporting period from the previous year.

Format – 99,999,999

Features – Protected – display only

Field Name: Number of Denied Claims – Same Month – Last Year

Description – Displays the number of claims that meet the criteria selected in the header menu and denied during the reporting period from the previous year.

Format – 99,999,999

Features – Protected – display only

Field Name: Amount Billed on Paid Claims – Same Month – Last Year

Description – Displays the total dollar amount billed for submitted claims that meet the criteria selected in the header menu that processed for payment during the month of reporting period from the previous year.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Amount Billed on Denied Claims – Same Month – Last Year

Description – Displays the total dollar amount billed for submitted claims that meet the criteria selected in the header menu denied during the month of reporting period from the previous year.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Providers Enrolled – Last Six Months Average

Description – Displays an average per month for the number of providers enrolled in the system for the six months prior to the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Providers Participating – Last Six Months Average

Description – Displays an average per month for the number of providers with claims that have finalized during the six months prior to the month of reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Percent Participating – Last Six Months Average

Description – Displays the average per month for the number of participating providers from the six months prior to the month of the reporting period as a percentage of the averaged number of enrolled providers for the same time period.

Format – 99.99 percent

Features – Protected – display only

Field Name: Total Unduplicated Recipients – Last Six Months Average

Description – Displays an average per month, unduplicated count, of participating eligibles for the six months prior to the month of the reporting period. This count only includes recipients from paid claims that finalized during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Total Allowed Amount – Last Six Months Average

Description – Displays an average per month of the total allowed amount on claims finalized during the six months prior to the month of reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Total Paid Amount – Last Six Months Average

Description – Displays an average per month of the total paid amount on claims finalized during the six months prior to the month of reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Number of Paid Claims – Last Six Months Average

Description – Displays an average per month of the number of claims processed to payment during the six months prior to the month of reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Number of Denied Claims – Last Six Months Average

Description – Displays an average per month of the number of claims denied during the six months prior to the month of reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Amount Billed on Paid Claims – Last Six Months Average

Description – Displays an average per month of the dollar amount billed for claims processed to pay during the six months prior to the month of reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Amount Billed on Denied Claims

Description – Displays an average per month of the dollar amount billed for claims which were denied during the six months prior to the month of reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Other Messages

No Matching Records Found.

System Information

PBL – MAR01.PBL

Window – W_384HIST_PROV_PART_HIST

Menu – M_MAR_OPTIONS

Data Window – DW_384HIST_PROV_PART_HIST

System Features

Click the **Historical Averages** button to display a window titled Provider Participation – Historical Averages. All menu selections from the Provider Participation – Historical window carry forward to this window.

Click the **To Date Participation** button to display a window titled Provider Participation – To Date Totals. All menu selections from the Provider Participation – Historical window carry forward to this window.

Click the **To Date Averages** button to display a window titled Provider Participation – To Date Averages. All menu selections from the Provider Participation – Historical window carry forward to this window.

Click the **Select** button to populate the display fields with data matching the criteria selected in the header menu.

Click the **Exit** button from any of the window to close the window and return to the primary Provider Participation – Historical window.

Click the **Exit** button from the primary window to exit from the Provider Participation – Historical window and return to any previously open window or to the Indiana MAR menu bar if no windows are currently open. Menu selections do not save when the primary window closes.

Section 15: Provider Participation – Historical Averages Window

Introduction

To bring up the Provider Participation – Historical Averages window, click **Provider** on the main command bar and a drop-down menu appears. Click **Participation** and a slide-out menu appears. Click **Historical** and another slide-out menu appears. Click **Averages** and Provider Participation – Historical Averages appears. Access the following windows from this point:

- Provider Participation – To Date Totals
- Provider Participation – To Date Averages
- Provider Participation – Historical Participation

The following menu options display:

- Program Code
- Provider Type
- Provider Specialty
- Reporting Period

This window provides analysis for current provider participation against historical data of common averages of provider usage by type and specialty.

| Provider Participation - Historical (WM38-11R) | | | | |
|--|-------------------|---------------------------------|--|--|
| File Edit | | | | |
| Program Code | ALL | | <input checked="" type="radio"/> All Providers <input type="radio"/> In State Providers <input type="radio"/> Out of State Providers | |
| Provider Type | ALL | | | |
| Provider Specialty | ALL | | | |
| Reporting Period | September 1996 | | | |
| | This Month | Same Month Last Year | Last Six Mo. Avg. | |
| Providers Enrolled | | | | |
| Providers Participating | | | | |
| Percent Participating | | | | |
| Total Unduplicated Recipients | | | | |
| Total Allowed Amount | | | | |
| Total Paid Amount | | | | |
| Number of Paid Claims | | | | |
| Number of Denied Claims | | | | |
| Amount Billed on Paid Claims | | | | |
| Amount Billed on Denied Claims | | | | |
| <div>Historical Averages</div> <div>To Date Participation</div> <div>To Date Averages</div> <div>Select Exit</div> | | | | |

Figure 15.1 – Provider Participation – Historical Averages Window

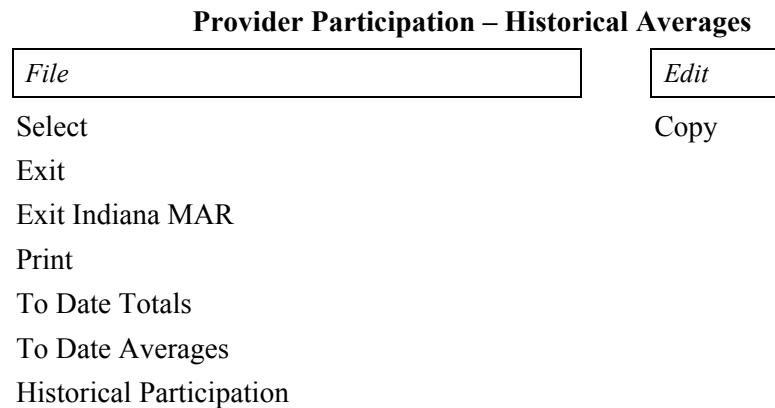


Figure 15.2 – Provider Participation – Historical Averages Menu Tree

Figure 15.2 is an illustration of the menu tree for the Provider Participation – Historical Averages window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Provider Participation – Historical Averages window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop down list box. If a commands or window option is faded, the command or window option is not available at the time.

A command or window option may be selected by the following methods:

1. Click the command or window option title.
2. Use a drop-down menu. Click the desired option title and a drop down box displays. Drag the mouse and let off the click on the desired command, or press the **Alt** button plus the underscored letter of the selected command and press **Enter**.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

To Date Totals – Displays a window titled Provider Participation – To Date Totals.

To Date Averages – Displays a window titled Provider Participation – To Date Averages.

Historical Participation – Displays a window titled Provider Participation – Historical.

Menu Selection: Edit

This command allows data to be modified.

Copy – Copies text from one area to another without retyping.

Field Information

Field Name: Program Code

Description – Indicates the type of State-specified funding that a claim is processed under. Note that when **All** is selected, shadow or encounter claims totals are not included. This selection is for reporting purposes only and is not a funding source.

Format – Alpha description

Features – Drop-down menu display

Valid values:

Refer to *Appendix FF* for the list of program codes including current

MCOs and a list of MAR windows updated to include shadow claims data.

Field Name: Provider Type

Description – Indicates the type of licensure or certification.

Format – Alpha description

Features – Drop-down menu display

Valid values:

Refer to *Appendix N* for valid values.

Field Name: Provider Specialty

Description – Indicates the primary scope of practice for a provider.

Format – Alpha description

Features – Drop-down menu display

Valid values:

Refer to *Appendix O* for valid values.

Field Name: Reporting Period

Description – Indicates the claims reported finalized during the month selected.

Format – Month YY – rolling 18-month display

Features – Drop-down menu display

Field Name: Provider – Select

Description – Click to select desired provider location value.

Format – Alpha description

Features – Selection box

Valid values:

All Providers

In State Providers

Out of State Providers

Field Name: Recipients Per Participating Provider – This Month

Description – Displays an average of the number of participating eligibles per the number of participating providers on claims finalized for payment during the reporting period. This average count only includes recipients from paid claims that finalized during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Paid Claims Per Participating Provider – This Month

Description – Displays an average of the number of paid claims per the number of participating providers during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Denied Claims Per Participating Provider – This Month

Description – Displays an average of the number of denied claims per the number of participating providers during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Allowed Per Participating Provider – This Month

Description – Displays an average of the total dollar allowed per participating provider during the reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Payment Per Participating Provider – This Month

Description – Displays an average of the total dollar payment per participating provider during the reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Allowed Amount Per Recipient – This Month

Description – Displays an average of the total dollar allowed per participating eligible during the reporting period

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Payment Per Recipient – This Month

Description – Displays an average of the total dollar payment per participating eligible during the reporting period

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Average Billed Per Paid Claim – This Month

Description – Displays an average of the dollars billed for paid claims per the quantity of the paid claims during the reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Average Billed Per Denied Claim – This Month

Description – Displays an average of the dollars billed for denied claims per the quantity of the denied claims during the reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Recipients Per Participating Provider – Same Month Last Year

Description – Displays an average of the number of participating eligibles per the number of participating providers on claims finalized for payment during the month of reporting period from the previous year. This average count only includes recipients from paid claims that finalized during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Paid Claims Per Participating Provider – Same Month Last Year

Description – Displays an average of the number of paid claims per the number of participating providers during the month of reporting period from the previous year.

Format – 99,999,999

Features – Protected – display only

Field Name: Denied Claims Per Participating Provider – Same Month Last Year

Description – Displays an average of the number of denied claims per the number of participating providers during the month of reporting period from the previous year.

Format – 99,999,999

Features – Protected – display only

Field Name: Allowed Per Participating Provider – Same Month Last Year

Description – Displays an average of the total dollar allowed per participating provider during the month of reporting period from the previous year.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Payment Per Participating Provider – Same Month Last Year

Description – Displays an average of the total dollar payment per participating provider during the month of reporting period from the previous year.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Allowed Amount Per Recipient – Same Month Last Year

Description – Displays an average of the total dollar allowed per participating eligible during the month of reporting period from the previous year.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Payment Per Recipient – Same Month Last Year

Description – Displays an average of the total dollar payment per participating eligible during the month of reporting period from the previous year.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Average Billed Per Paid Claim – Same Month Last Year

Description – Displays an average of the dollars billed for paid claims per the quantity of the paid claims during the month of reporting period from the previous year.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Average Billed Per Denied Claim – Same Month Last Year

Description – Displays an average of the dollars billed for denied claims per the quantity of the denied claims during the month of reporting period from the previous year.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Recipients Per Participating Provider – Last Six Month Average

Description – Displays an average of the number of participating eligibles per the number of participating providers for claims finalized for payment as an overall average per month of the six months prior to the reporting period. This average count only includes recipients from paid claims that finalized during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Paid Claims Per Participating Provider – Last Six Month Average

Description – Displays an average of the number of paid claims per the number of participating providers as an overall average per month for the six months prior to the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Denied Claims Per Participating Provider – Last Six Month Average

Description – Displays an average of the number of denied claims per the number of participating providers as an overall average per month for the six months prior to the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Allowed Per Participating Provider – Last Six Month Average

Description – Displays an average of the total dollar allowed per participating provider as an overall average for the six months prior to the reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Payment Per Participating Provider – Last Six Month Average

Description – Displays an average of the total dollar payment per participating provider as an overall average for the six months prior to the reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Allowed Amount Per Recipient – Last Six Month Average

Description – Displays an average of the total dollar allowed per participating eligible as an overall average for the six months prior to the reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Payment Per Recipient – Last Six Month Average

Description – Displays an average of the total dollar payment per participating eligible as an overall average for the six months prior to the reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Average Billed Per Paid Claim – Last Six Month Average

Description – Displays an average of the dollars billed for paid claims per the quantity of the paid claims as an overall average for the six months prior to the reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Average Billed Per Denied Claim – Last Six Month Average

Description – Displays an average of the dollars billed for denied claims per the quantity of the denied claims as an overall average per month for the six months prior to the reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Other Messages

No Matching Records Found.

System Information

PBL – MAR01.PBL

Window – W_384HAVG_PROV_PART_HIST_AVG

Menu – M_MAR_OPTIONS

Data Window – DW_384HAVG_PROV_PART_HIST_AVG

System Features

Click the **To Date Totals** button to display a window titled Provider Participation – To Date Totals. All menu selections made in the primary window carry forward to this window.

Click the **To Date Averages** button to display a window titled Provider Participation – To Date Averages. All menu selections made in the primary window carry forward to this window.

Click the **Historical Participation** button to display a window titled Provider Participation – Historical. All menu selections made in the primary window carry forward to this window.

Click the **Exit** button from a window to return to Provider Participation – Historical Averages window.

Click the **Select** button to populate the display fields with data that matches the criteria selected in the header menu.

Click the **Exit** button to exit the Provider Participation – Historical Averages window and return to any previous open window or to the Indiana MAR menu bar if no window are open. Menu selections do not save when the primary window closes.

Section 16: Provider Participation – To Date Totals Window

Introduction

To bring up the Provider Participation – To Date Totals window, click **Provider** on the main command bar and a drop-down menu appears. Click **Participation** and a slide-out menu appears. Click **Year-To-Date** and another slide-out menu appears. Click the selection **Current Year-To-Date** and Provider Participation – To Date Totals appears. Access the following windows from this point:

- Provider Participation – To Date Averages
- Provider Participation – Historical
- Provider Participation – Historical Averages


The following menu options display:


- Program Code
- Provider Type
- Provider Specialty
- Reporting Period


This window provides analysis of year-to-date totals, current and historical comparisons of provider participation by type, and specialty and various indices of service.


Provider Participation - To Date Totals [WM38-TTR]

File Edit

Program Code ALL 

Provider Type ALL 

Provider Specialty ALL 

Reporting Period September 1996 

☒ All Providers
☐ In State Providers
☐ Out of State Providers

☒ State Fiscal YTD
☐ Federal Fiscal YTD
☐ Calendar YTD

| | Current | Previous |
|--------------------------------|---------|----------|
| Providers Enrolled | | |
| Providers Participating | | |
| Percent Participating | | |
| Total Unduplicated Recipients | | |
| Total Allowed Amount | | |
| Total Paid Amount | | |
| Number of Paid Claims | | |
| Number of Denied Claims | | |
| Amount Billed on Paid Claims | | |
| Amount Billed on Denied Claims | | |

To Date Averages

Historical Participation

Historical Average Participation

Select **Exit**

Figure 16.1 – Provider Participation – To Date Totals Window

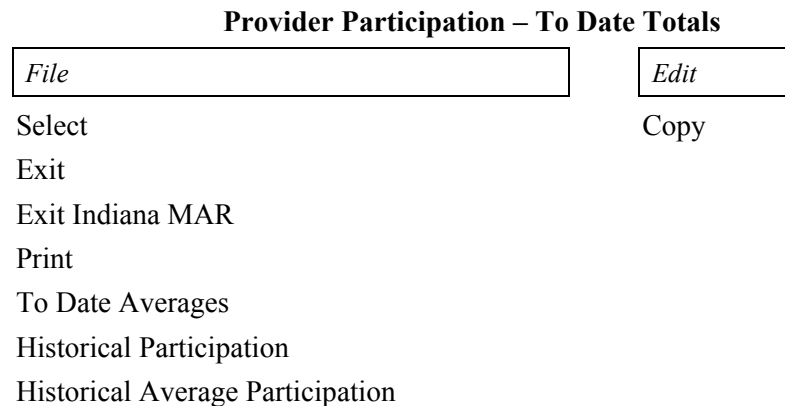


Figure 16.2 – Provider Participation – To Date Totals Menu Tree

Figure 16.2 is an illustration of the menu tree for the Provider Participation – To Date Totals window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Provider Participation – To Date Totals window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop down list box. If a commands or window option is faded, the command or window option is not available at the time.

A command or window option may be selected by the following methods:

1. Click the command or window option title.
2. Use a drop-down menu. Click the desired option title and a drop down box displays. Drag the mouse and let off the click on the desired command, or press the **Alt** button plus the underscored letter of the selected command and press **Enter**.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

To Date Averages – Displays a window titled Provider Participation – To Date Averages.

Historical Participation – Displays a window titled Provider Participation – Historical

Historical Average Participation – Displays a window titled Provider Participation – Historical Averages.

Menu Selection: Edit

This command allows data to be modified.

Copy – Copies text from one area to another without retyping.

Field Information

Field Name: Program Code

Description – Indicates the type of State-specified funding that a claim is processed under. Note that when **All** is selected, shadow or encounter claims totals are not included. This selection is for reporting purposes only and is not a funding source.

Format – Alpha description

Features – Drop-down menu display

Valid values:

Refer to *Appendix FF* for the list of program codes including current MCOs and a list of MAR windows updated to include shadow claims data.

Field Name: Provider Type

Description – Indicates the type of licensure or certification.

Format – Alpha description

Features – Drop-down menu display

Valid values:

Refer to *Appendix N* for valid values.

Field Name: Provider Specialty

Description – Indicates the primary scope of practice for a provider.

Format – Alpha description

Features – Drop-down menu display

Valid values:

Refer to *Appendix O* for valid values.

Field Name: Reporting Period

Description – Indicates the claims reported finalized during the month selected.

Format – Month YY – rolling 18-month display

Features – Drop-down menu display

Field Name: Provider – Select

Description –Select on the desired provider location value.

Format – Alpha description

Features – Click select value box

Valid values:

All Providers

In State Providers

Out of State Providers

Field Name: Year To Date

Description – Displays a selection box with the year-to-date values. Click the desired year-to-date. Reporting period is modified to include claims data accumulated from the beginning of the selected year to date value through the month in reporting period.

Format – Alpha description

Features – Selection box

Valid Values:

State Fiscal YTD, July 1 to June 30

Federal Fiscal YTD, October 1 to September 30

Calendar YTD, January 1 to December 31

Field Name: Providers Enrolled – Current

Description – Displays the total number of providers enrolled that meet the criteria selected in the header menu for the reporting period year-to-date.

Format – 99,999,999

Features – Protected – display only

Field Name: Providers Participating – Current

Description – Displays the number of enrolled providers with claims that processed to pay during the reporting period year-to-date.

Format – 99,999,999

Features – Protected – display only

Field Name: Percent Participating – Current

Description – Displays the number of participating providers as a percentage of the total enrolled providers for the reporting period year-to-date.

Format – 99.99 percent

Features – Protected – display only

Field Name: Total Unduplicated Recipients – Current

Description – Displays an unduplicated count of the number of participating eligibles that meet the criteria selected in the header menu for the reporting period year-to-date. This count only includes recipients from paid claims that finalized during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Total Allowed Amount – Current

Description – Displays the dollar amount allowed for finalized claims that meet the criteria selected in the header menu for the reporting period year-to-date.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Total Paid Amount – Current

Description – Displays the dollar amount paid for finalized claims that meet the criteria selected in the header menu for the reporting period year-to-date.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Number of Paid Claims – Current

Description – Displays the number of submitted claims that meet the criteria selected in the header menu that processed for payment for the reporting period year-to-date.

Format – 99,999,999

Features – Protected – display only

Field Name: Number of Denied Claims – Current

Description – Displays the number of submitted claims that meet the criteria selected in the header menu that denied for the reporting period year-to-date.

Format – 99,999,999

Features – Protected – display only

Field Name: Amount Billed on Paid Claims – Current

Description – Displays the dollar amount total billed for the submitted claims that meet the criteria selected in the header menu that processed for payment during the reporting period year-to-date.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Amount Billed on Denied Claims – Current

Description – Displays the dollar amount total billed for the submitted claims that meet the criteria selected in the header menu that denied during the reporting period year-to-date.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Providers Enrolled – Previous

Description – Displays the number of providers enrolled that match the criteria selected in the header menu during the previous year-to-date ending the same month as reporting period month from the previous year.

Format – 99,999,999

Features – Protected – display only

Field Name: Providers Participating – Previous

Description – Displays the number of providers with claims adjudicated during the previous year-to-date ending the same month as reporting period month in the previous year that meet the criteria selected in the header menu.

Format – 99,999,999

Features – Protected – display only

Field Name: Percent Participating – Previous

Description – Displays the number of participating providers as a percentage of the total enrolled providers during the previous year-to-

date ending the same month as reporting period month from the previous year.

Format – 99.99 percent

Features – Protected – display only

Field Name: Total Unduplicated Recipients – Previous

Description – Displays an unduplicated count of participating eligibles during the previous year-to-date ending the same month as reporting period month from the previous year. This count only includes recipients from paid claims that finalized during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Total Allowed Amount – Previous

Description – Displays the dollar allowed amount for all claims finalized that meet the criteria selected in the header menu during the previous year-to-date ending the same month as reporting period month from the previous year.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Total Paid Amount – Previous

Description – Displays the dollar paid amount for all claims finalized that meet the criteria selected in the header menu during the previous year-to-date ending the same month as reporting period month from the previous year.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Number of Claims – Previous

Description – Displays the number of claims that meet the criteria selected in the header menu finalized for payment during the previous year-to-date ending the same month as reporting period month from the previous year.

Format – 99,999,999

Features – Protected – display only

Field Name: Number of Denied Claims – Previous

Description – Displays the number of claims that meet the criteria selected in the header menu denied during the previous year-to-date ending the same month as reporting period month from the previous year for the previous reporting period year-to-date.

Format – 99,999,999

Features – Protected – display only

Field Name: Amount Billed on Paid Claims – Previous

Description – Displays the total dollar amount billed for submitted claims that meet the criteria selected in the header menu that processed to pay during the previous year-to-date ending the same month as reporting period month from the previous year.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Amount Billed on Denied Claims – Previous

Description – Displays the total dollar amount billed for submitted claims that meet the criteria selected in the header menu denied during the previous year-to-date ending the same month as reporting period month from the previous year.

Format – \$9,999,999,999.99

Features – Protected – display only

Other Messages

No Matching Records Found.

System Information

PBL – MAR01.PBL

Window – W_384TD_PROV_TD_TOT

Menus – M_MAR_OPTIONS

Data Window – DW_384TD_PROV_TD_TOT

System Features

Click the **To Date Averages** button to display a window titled Provider Participation – To Date Averages. All menu selections from the Provider Participation – Historical window carry forward to this window.

Click the **Historical Participation** button to display a window titled Provider Participation – Historical. All menu selections from the Provider Participation – Historical window carry forward to this window.

Click the **Historical Average Participation** button to display a window titled Provider Participation – Historical Averages. All menu selections from the Provider Participation – Historical window carry forward to this window.

Click the **Select** button to populate the display fields with data that matches the criteria selected in the header menu.

Click the **Exit** button from any of the windows to close the window and return to the primary Provider Participation – To Date Totals window.

Click the **Exit** button from the primary window to exit from the Provider Participation – To Date Totals window and return to any previously open window or to the Indiana MAR menu bar if no other windows are currently open. Menu selections do not save when the primary window closes.

Section 17: Provider Participation – To Date Averages Window

Introduction

To bring up the Provider Participation – To Date Averages window, click **Provider** on the main command bar and a drop-down menu appears. Click **Participation** and a slide-out menu appears. Click **Year-To-Date** and another slide-out menu appears. Click **Averages** and Provider Participation – To Date Averages appears. Access the following windows from this point:

- Provider Participation – To Date Totals
- Provider Participation – Historical
- Provider Participation – Historical Averages

The following menu options display:

- Program Code
- Provider Type
- Provider Specialty
- Reporting Period

This window provides analysis of year-to-date provider participation by current and historical averages of provider performances by type and specialty.

| Provider Participation - To Date Averages (WM38-11R) | | |
|--|----------------------------------|---|
| File Edit | | |
| Program Code | ALL | <input checked="" type="radio"/> All Providers |
| Provider Type | ALL | <input type="radio"/> In State Providers |
| Provider Specialty | ALL | <input type="radio"/> Out of State Providers |
| Reporting Period | September 1996 | <input checked="" type="radio"/> State Fiscal YTD |
| | | <input type="radio"/> Federal Fiscal YTD |
| | | <input type="radio"/> Calendar YTD |
| | Current | Previous |
| Recipients per Participating Provider | | |
| Paid Claims per Participating Provider | | |
| Denied Claims per Participating Provider | | |
| Allowed per Participating Provider | | |
| Payment per Participating Provider | | |
| Allowed Amount per Recipient | | |
| Payment per Recipient | | |
| Average Billed per Paid Claim | | |
| Average Billed per Denied Claim | | |
| To Date Totals | | |
| Historical Participation | | |
| Select | Historical Average Participation | Exit |

Figure 17.1 – Provider Participation – To Date Averages

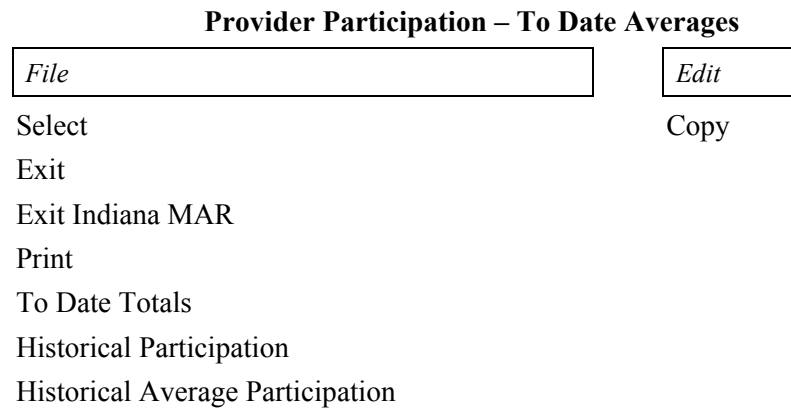


Figure 17.2 – Provider Participation – To Date Averages Menu Tree

Figure 17.2 is an illustration of the menu tree for the Provider Participation – To Date Averages window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Provider Participation – To Date Averages window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop down list box. If a commands or window option is faded, the command or window option is not available at the time.

A command or window option may be selected by the following methods:

1. Click the command or window option title.
2. Use a drop-down menu. Click the desired option title and a drop down box displays. Drag the mouse and let off the click on the desired command, or press the **Alt** button plus the underscored letter of the selected command and press **Enter**.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

To Date Totals – Displays a window titled Provider Participation – To Date Totals.

Historical Participation – Displays a window titled Provider Participation – Historical.

Historical Average Participation – Displays a window titled Provider Participation – Historical Averages.

Menu Selection: Edit

This command allows data to be modified.

Copy – Copies text from one area to another without retyping.

Field Information

Field Name: Program Code

Description – Indicates the type of State-specified funding that a claim is processed under. Note that when **All** is selected, shadow or encounter claims totals are not included. This selection is for reporting purposes only and is not a funding source.

Format – Alpha description

Features – Drop-down menu display

Valid values:

Refer to *Appendix FF* for the list of program codes including current

MCOs and a list of MAR windows updated to include shadow claims data.

Field Name: Provider Type

Description – Indicates the type of licensure or certification.

Format – Alpha description

Features – Drop-down menu display

Valid values:

Refer to *Appendix N* for valid values.

Field Name: Provider Specialty

Description – Indicates the primary scope of practice for a provider.

Format – Alpha description

Features – Drop-down menu display

Valid values:

Refer to *Appendix O* for valid values.

Field Name: Reporting Period

Description – Indicates the claims reported finalized to pay during the month selected.

Format – Month YY – rolling 18-month display

Features – Drop-down menu display

Field Name: Year To Date

Description – Displays a selection box with the year-to-date values. Click the desired year-to-date. Reporting period is modified to include claims data accumulated from the beginning of the selected year to date value through the month in reporting period.

Format – Alpha description

Features – Selection box

Valid Values:

State Fiscal YTD, July 1 to June 30

Federal Fiscal YTD, October 1 to September 30

Calendar YTD, January 1 to December 31

Field Name: Provider – Select

Description –Select on the desired provider location value.

Format – Alpha description

Features – Click select value box

Valid values:

All Providers

In State Providers

Out of State Providers

Field Name: Recipients Per Participating Provider – Current

Description – Displays an average of the number of participating eligibles per the number of participating providers for claims finalized for payment within the reporting period year-to-date. This average count only includes recipients from paid claims that finalized during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Paid Claims Per Participating Provider – Current

Description – Displays an average of the number of paid claims per the number of participating providers during the reporting period year-to-date.

Format – 99,999,999

Features – Protected – display only

Field Name: Denied Claims Per Participating Provider – Current

Description – Displays an average of the number of denied claims per the number of participating providers during the reporting period year-to-date.

Format – 99,999,999

Features – Protected – display only

Field Name: Allowed Per Participating Provider – Current

Description – Displays an average of the total dollar allowed per participating provider during the reporting period year-to-date.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Payment Per Participating Provider – Current

Description – Displays an average of the total dollar payment per participating provider during the reporting period year-to-date.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Allowed Amount Per Recipient – Current

Description – Displays an average of the total dollar allowed per participating eligible during the reporting period year-to-date.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Payment Per Recipient – Current

Description – Displays an average of the total dollar payment per participating eligible during the reporting period year-to-date.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Average Billed Per Claim – Current

Description – Displays an average of the dollars billed for paid claims per the quantity of the paid claims during the reporting period year-to-date.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Average Billed Per Denied Claim – Current

Description – Displays an average of the dollars billed for denied claims per the quantity of the denied claims during the reporting period year-to-date.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Recipients Per Participating Provider – Previous

Description – Displays an average of the number of participating eligibles per the number of participating providers for claims finalized for payment during the previous year-to-date ending the same month as reporting period month from the previous year. This average count only includes recipients from paid claims that finalized during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Paid Claims Per Participating Provider – Previous

Description – Displays an average of the number of paid claims per the number of participating providers during the previous year-to-date ending the same month as reporting period month from the previous year.

Format – 99,999,999

Features – Protected – display only

Field Name: Denied Claims Per Participating Provider – Previous

Description – Displays an average of the number of denied claims per the number of participating providers during the previous year-to-date ending the same month as reporting period month from the previous year.

Format – 99,999,999

Features – Protected – display only

Field Name: Allowed Per Participating Provider – Previous

Description – Displays an average of the total dollar allowed per participating provider during the previous year-to-date ending the same month as reporting period month from the previous year.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Payment Per Participating Provider – Previous

Description – Displays an average of the total dollar payment per participating provider during the previous year-to-date ending the same month as reporting period month from the previous year.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Allowed Amount Per Recipient – Previous

Description – Displays an average of the total dollar allowed per participating eligible during the previous year-to-date ending the same month as reporting period month from the previous year.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Payment Per Recipient – Previous

Description – Displays an average of the total dollar payment per participating eligible during the previous year-to-date ending the same month as reporting period month from the previous year.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Average Billed Per Claim – Previous

Description – Displays an average of the dollars billed on paid claims per the quantity of those paid claims during the previous year-to-date ending the same month as reporting period month from the previous year.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Average Billed Per Denied Claim – Previous

Description – Displays an average of the dollars billed on denied claims per the quantity of those denied claims during the previous year-to-date ending the same month as reporting period month from the previous year.

Format – \$9,999,999,999.99

Features – Protected – display only

Section 1.01 Other Messages

No Matching Records Found.

Section 1.02 System Information

PBL – MAR01.PBL

Window – W_384TD_PROV_PART_TD_AVG

Menu – M_MAR_OPTIONS

Data Window – DW_384TD_PROV_PART_TD_AVG

Section 1.03 System Features

Click the **To Date Totals** button to display a window titled Provider Participation – To Date Totals. All menu selections made in the primary window carry forward to this window.

Click the **Historical Participation** button to display a window titled Provider Participation – Historical. All menu selections made in the primary window carry forward to this window.

Click the **Historical Average Participation** button to display a window titled Provider Participation – Historical Averages. All menu selections made in the primary window carry forward to this window.

Click the **Exit** button from a window to return to Provider Participation – To Date Averages window.

Click the **Select** button to populate the display fields with data that matches the criteria selected in the header menu.

Click the **Exit** button to exit the Provider Participation – To Date Averages window and return to any open window or to the Indiana MAR menu bar if no other windows are open. Menu selections do not save when the primary window closes.

Section 18: Provider Filing Analysis Window

Introduction

To bring up the Provider Filing Analysis window, click **Provider** on the main command bar and a drop-down menu appears. Click **Filing** and a slide-out menu appears. Click **Current Month** and Provider Filing Analysis appears. Access the Provider Filing Analysis – 6 Month Average window.

The following menu options display:

- Program Code
- Provider Type
- Provider Specialty
- Reporting Period

This window provides statistical data about provider filing trends by type and specialty. Date of service is calculated using the last date noted, the *to date* of service, for each claim. Included in the days elapsed in processing time within the system value are the days any claim has spent in locations 40 – CCF suspense, 43 – FSSA suspense, and 44 – CSHCS suspense. Note that the days elapsed time do not equal the same calculation on the Claims Processing Throughput Analysis windows because the above locations are not.

This window has been coded in the following manner:

- If type and specialty are selected and a provider number is entered, only data for that provider displays in the Individual Provider column and all providers for that type and specialty display in the Total Provider Group column.
- If type and specialty are selected and the provider number is left blank, all providers with that type and specialty display in the Individual Provider column and all providers with that type and any specialty displays in the Total Provider Group column.
- If type is selected and specialty is **All** and provider number is left blank, all providers with that type and any specialty displays in the Individual Provider column and all providers with any type or specialty display in the Total Provider Group column.

| Provider Filing Analysis (WM38-13R) | | | | | |
|--|----------------------|----------------------|----------------------|----------------------|---|
| File Edit | | | | | |
| Program Code | ALL | | | | ↓ |
| Provider Type | ALL | | | | ↓ |
| Provider Specialty | ALL | | | | ↓ |
| Provider Number | <input type="text"/> | | | | |
| Reporting Period | September 1996 | | | | ↓ |
| | | Individual Provider | | Total Provider Group | |
| Average Days to Receipt | <input type="text"/> | | <input type="text"/> | | |
| Average Days Receipt to Payment | <input type="text"/> | | <input type="text"/> | | |
| Average Days Date of Service to Payment | <input type="text"/> | | <input type="text"/> | | |
| | Number Claims | Percent of Total | Number Claims | Percent of Total | |
| 1 - 7 Days | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| 8 - 14 Days | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| 15 - 30 Days | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| 31 - 60 Days | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| 61 - 90 Days | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Greater than 90 Days | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| Total Claims | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | |
| <div>6 Month Averages</div> <div> <div>Select</div> <div>Exit</div> </div> | | | | | |

Figure 18.1 – Provider Filing Analysis Window

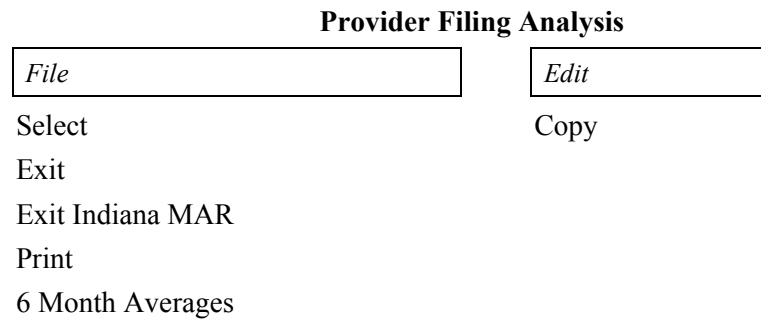


Figure 18.2 – Provider Filing Analysis Menu Tree

Figure 18.2 is an illustration of the menu tree for the Provider Filing Analysis window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Provider Filing Analysis window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop down list box. If a commands or window option is faded, the command or window option is not available at the time.

A command or window option may be selected by the following methods:

1. Click the command or window option title.
2. Use a drop-down menu. Click the desired option title and a drop down box displays. Drag the mouse and let off the click on the desired command, or press the **Alt** button plus the underscored letter of the selected command and press **Enter**.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

6-Month Averages – Displays a window titled Provider Filing Analysis – 6-Month Averages.

Menu Selection: Edit

This command allows data to be modified.

Copy – Copies text from one area to another without retyping.

Field Information

Field Name: Program Code

Description – Indicates the type of State-specified funding that a claim is processed under. Note that when **All** is selected, shadow or encounter claims totals are not included. This selection is for reporting purposes only and is not a funding source.

Format – Alpha description

Features – Drop-down menu display

Valid values:

Refer to *Appendix FF* for the list of program codes including current

MCOs and a list of MAR windows updated to include shadow claims data.

Field Name: Provider Type

Description – Indicates the type of licensure or certification.

Format – Alpha description

Features – Drop-down menu display

Valid values:

Refer to *Appendix N* for valid values.

Field Name: Provider Specialty

Description – Indicates the primary scope of practice for a provider.

Format – Alpha description

Features – Drop-down menu display

Valid values:

Refer to *Appendix O* for valid values.

Field Name: Provider Number

Description – Enter a nine character numeric value to identify an individual provider for window data applicable to that provider.

Format – Nine-digit numeric value

Features – Input value box

Field Name: Reporting Period

Description – Indicates the data reported is from claims paid during the month selected.

Format – Month YY – rolling 18-month display

Features – Drop-down menu display

Field Name: Average Days To Receipt – Individual Provider

Description – Displays an average of the days elapsed from the to-date of service on the claim to the Julian date of the ICN for claims finalized for payment for a selected provider subset during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Average Days Receipt To Payment – Individual Provider

Description – Displays an average of the days elapsed from the Julian date of the ICN to the date of payment for claims finalized for payment for a selected provider subset during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Average Days Date Of Service To Payment – Individual Provider

Description – Displays an average of the days elapsed from the date of service on a claim to the date of payment for claims finalized for payment for a particular provider during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Average Days To Receipt – Total Provider Group

Description – Displays an average of the days elapsed from the date of service on the claim to the Julian date of the ICN for claims finalized for payment for all providers of the same type and specialty during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Average Days Receipt To Payment Total Provider Group

Description – Displays an average of the days elapsed from the Julian date of the ICN to the date of payment for claims finalized for payment for all providers of the same type and specialty during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Average Days Date Of Service To Payment – Total Provider Group

Description – Displays an average of the days from the date of service on a claim to the date of payment for claims finalized for payment for all providers of the same type and specialty during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: 1 – 7 Days – Number Claims – Individual Provider

Description – Displays the number of claims received within seven days from the date of service on the claim to the ICN date for the provider.

Format – 99,999,999

Features – Protected – display only

Field Name: 8 – 14 Days – Number Claims – Individual Provider

Description – Displays the number of claims received between eight and 14 days from the date of service on the claim to the ICN date for the provider.

Format – 99,999,999

Features – Protected – display only

Field Name: 15 – 30 Days – Number Claims – Individual Provider

Description – Displays the number of claims received between 15 and 30 days from the date of service on the claim to the ICN date for the provider.

Format – 99,999,999

Features – Protected – display only

Field Name: 31 – 60 – Days – Number Claims – Individual Provider

Description – Displays the number of claims received 31 and 60 days from the date of service on the claim to the ICN date for the provider.

Format – 99,999,999

Features – Protected – display only

Field Name: 61 – 90 Days – Number Claims – Individual Provider

Description – Displays the number of claims received between 61 and 90 days from the date of service on the claim to the ICN date for the provider.

Format – 99,999,999

Features – Protected – display only

Field Name: Greater Than 90 Days – Number Claims – Individual Provider

Description – Displays the number of claims received more than 90 days from the date of service on the claim to the ICN date for the provider.

Format – 99,999,999

Features – Protected – display only

Field Name: Total Claims – Number Claims – Individual Provider

Description – Displays the total number of claims received from the provider in the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: 1 – 7 Days – Percent Of Total – Individual Provider

Description – Displays the number of claims as a percent of the total number of received claims from the provider received within seven days from the date of service on the claim to the ICN date for the provider.

Format – 99,999,999

Features – Protected – display only

Field Name: 8 – 14 Days – Percent Of Total – Individual Provider

Description – Displays the number of claims as a percent of the total number of received claims from the provider received between eight and 14 days from the date of service o the claim to the ICN date for the provider.

Format – 99,999,999

Features – Protected – display only

Field Name: 15 – 30 Days – Percent Of Total – Individual Provider

Description – Displays the number of claims as a percent of the total number of received claims from the provider received between 15 and 30 days from the date of service on the claim to the ICN date for the provider.

Format – 99,999,999

Features – Protected – display only

Field Name: 31 – 60 Days – Percent Of Total – Individual Provider

Description – Displays the number of claims as a percent of the total number of received claims from the provider received between 31 and 60 days from the date of service on the claim to the ICN date for the provider.

Format – 99,999,999

Features – Protected – display only

Field Name: 61 – 90 Days – Percent Of Total – Individual Provider

Description – Displays the number of claims as a percent of the total number of received claims from the provider received between 61 and 90 days from the date of service on the claim to the ICN date for the provider.

Format – 99,999,999

Features – Protected – display only

Field Name: Greater Than 90 Days – Percent Of Total – Individual Provider

Description – Displays the number of claims as a percent of the total number of received claims from the provider received more than 90 days from the date of service on the claim to the ICN date for the provider.

Format – 99,999,999

Features – Protected – display only

Field Name: Total Claims Percent Of Total – Individual Provider

Description – Displays the total number of claims as a percent of the total number of received claims from the provider during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: 1 – 7 Days – Number Claims – Total Provider Group

Description – Displays the number of claims received within seven days from the date of service on the claim to the ICN date for all providers of the same type and specialty.

Format – 99,999,999.

Features – Protected – display only

Field Name: 8 – 14 Days – Number Claims – Total Provider Group

Description – Displays the number of claims received between eight and 14 days from the date of service on the claim to the ICN date for all providers of the same type and specialty.

Format – 99,999,999

Features – Protected – display only

Field Name: 15 – 30 Days – Number Claims – Total Provider Group

Description – Displays the number of claims received between 15 and 30 days from the date of service on the claim to the ICN date for all providers of the same type and specialty.

Format – 99,999,999

Features – Protected – display only

Field Name: 31 – 60 Days – Number Claims – Total Provider Group

Description – Displays the number of claims received between 31 and 60 days from the date of service on the claim to the ICN date for all providers of the same type and specialty.

Format – 99,999,999

Features – Protected – display only

Field Name: 61 – 90 Days – Number Claims – Total Provider Group

Description – Displays the number of claims received between 61 and 90 days from the date of service on the claim to the ICN date for all providers of the same type and specialty.

Format – 99,999,999

Features – Protected – display only

Field Name: Greater Than 90 Days – Number Claims – Total Provider Group

Description – Displays the number of claims received more than 90 days from the date of service on the claim to the ICN date for all providers of the same type and specialty.

Format – 99,999,999

Features – Protected – display only

Field Name: Total Claims – Number Claims – Total Provider Group

Description – Displays the total number of claims received from all providers of the same type and specialty during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: 1 – 7 Days – Percent of Total – Total Provider Group

Description – Displays the number of claims as a percent of the total number of received claims from all providers of the same type and specialty received within seven days from the date of service on the claim to the ICN date for the provider group.

Format – 99,999,999

Features – Protected – display only

Field Name: 8 – 14 Days – Percent of Total – Total Provider Group

Description – Displays the number of claims as a percent of the total number of received claims from all providers of the same type and

specialty received between eight and 14 days from the date of service on the claim to the ICN date for the provider group.

Format – 99,999,999

Features – Protected – display only

Field Name: 15 – 30 Days – Percent of Total – Total Provider Group

Description – Displays the number of claims as a percent of the total number of received claims from all providers of the same type and specialty received between 15 and 30 days from the date of service on the claim to the ICN date for the provider group.

Format – 99,999,999

Features – Protected – display only

Field Name: 31 – 60 Days – Percent of Total – Total Provider Group

Description – Displays the number of claims as a percent of the total number of received claims from all providers of the same type and specialty received between 31 and 60 days from the date of service on the claim to the ICN date for the provider group.

Format – 99,999,999

Features – Protected – display only

Field Name: 61 – 90 Days – Percent of Total – Total Provider Group

Description – Displays the number of claims as a percent of the total number of received claims from all providers of the same type and specialty received between 61 and 90 days from the date of service on the claim to the ICN date for the provider group.

Format – 99,999,999

Features – Protected – display only

Field Name: Greater Than 90 Days – Percent of Total – Total Provider Group

Description – Displays the number of claims as a percent of the total number of received claims from all providers of the same type and specialty received more than 90 days from the date of service on the claim to the ICN date for the provider group.

Format – 99,999,999

Features – Protected – display only

Field Name: Total Claims – Percent of Total – Total Provider Group

Description – Displays the total number of claims as a percent of the total number of received claims from all providers of the same type and specialty during the reporting period.

Format – 99,999,999

Features – Protected – display only

Other Messages

Invalid Provider ID – The requested provider number or selected provider ID is not found on the database.

Ineligible Provider – The requested provider or selected provider ID has no valid segments for the selected reporting period.

Ineligible Provider – The requested provider or selected provider ID is not eligible for provider type or selected provider type code during the selected reporting period.

Information

PBL –MAR01.PBL

Window – W_385_PROV_FL_ANLY

Menu – M_MAR_OPTIONS

Data Window – DW_385_PROV_FL_ANLY

System Features

Click the **6 Month Averages** button to display a window titled Provider Filing Analysis – 6 Month Averages. All menu selections made in the primary window carry forward to this window.

Click the **Exit** button from the window to return to the Provider Filing Analysis window.

Click the **Select** button to populate the window with data matching the criteria selected in the header menu.

Click the **Exit** button from the primary window to exit the Provider Filing Analysis window and return to any open window or to the Indiana MAR menu bar if no other windows are open.

Section 19: Provider Filing Analysis – 6 Month Averages Window

Introduction

To bring up the Provider Filing Analysis – 6 Month Averages window, click **Provider** on the main command bar and a drop-down menu appears. Click **Filing** and a slide-out menu appears. Click **6 Month Averages** and Provider Filing Analysis – 6 Month Averages appears. Access the Provider Filing Analysis widow.

The following menu options display:

- Program Code
- Provider Type
- Provider Specialty
- Reporting Period

This window provides analysis of provider filing trends averaged per month over six months by provider type and specialty. Date of service is calculated as the last date noted, the *to date* of service, for the claim. Included in the days elapsed in processing time within the system value are the days any claim has spent in locations 40 – CCF suspense, 43 – FSSA suspense, and 44 – CSHCS suspense. Note that the days elapsed time does not equal the same calculation on the Claims Processing Throughput Analysis windows because the above locations are not included.

This window has been coded in the following manner:

- If type and specialty are selected and a provider number is entered, only data for that provider displays in the Individual Provider column and all providers for that type and specialty display in the Total Provider Group column.
- If type and specialty are selected and the provider number is left blank, all providers with that type and specialty display in the Individual Provider column and all providers with that type and any specialty displays in the Total Provider Group column.
- If type is selected and specialty is **All** and provider number is left blank, all providers with that type and any specialty displays in the Individual Provider column and all providers with any type or specialty display in the Total Provider Group column.

| Provider Filing Analysis - 6 Month Averages [WM38-12R] | | | | | |
|--|---------------------|---------------------|----------------------|---------------------|--|
| File Edit | | | | | |
| Program Code | ALL | | | | |
| Provider Type | ALL | | | | |
| Provider Specialty | ALL | | | | |
| Provider Number | | | | | |
| Reporting Period | September 1996 | | | | |
| | Individual Provider | | Total Provider Group | | |
| Average Days to Receipt | | | | | |
| Average Days Receipt to Payment | | | | | |
| Average Days Date of Service to Payment | | | | | |
| | Number Claims | Percent of Total | Number Claims | Percent of Total | |
| 1 - 7 Days | | | | | |
| 8 - 14 Days | | | | | |
| 15 - 30 Days | | | | | |
| 31 - 60 Days | | | | | |
| 61 - 90 Days | | | | | |
| Greater than 90 Days | | | | | |
| Total Claims | | | | | |
| Monthly | | | | | |
| <div>Select</div> <div>Exit</div> | | | | | |

Figure 19.1 – Provider Filing Analysis – 6-Month Averages

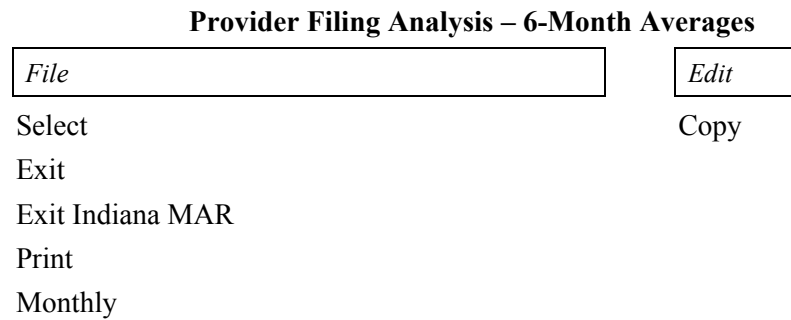


Figure 19.2 – Provider Filing Analysis – 6 Month Averages Menu Tree

Figure 19.2 is an illustration of the menu tree for the Provider Filing Analysis – 6-Month Averages window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Provider Filing Analysis – 6 Month Averages window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop down list box. If a commands or window option is faded, the command or window option is not available at the time.

A command or window option may be selected by the following methods:

1. Click the command or window option title.
2. Use a drop-down menu. Click the desired option title and a drop down box displays. Drag the mouse and let off the click on the desired command, or press the **Alt** button plus the underscored letter of the selected command and press **Enter**.

Menu Selection: *File*

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

Monthly – Displays a window titled Provider Filing Analysis.

Menu Selection: Edit

This command allows data to be modified.

Copy – Copies text from one area to another without retyping.

Field Information

Field Name: Program Code

Description – Indicates the type of State-specified funding that a claim is processed under. Note that when **All** is selected, shadow or encounter claims totals are not included. This selection is for reporting purposes only and is not a funding source.

Format – Alpha description

Features – Drop-down menu display

Valid values:

Refer to *Appendix FF* for the list of program codes including current

MCOs and a list of MAR windows updated to include shadow claims data.

Field Name: Provider Type

Description – Indicates the type of licensure or certification.

Format – Alpha description

Features – Drop-down menu display

Valid values:

Refer to *Appendix N* for valid values.

Field Name: Provider Specialty

Description – Indicates the primary scope of practice for a provider.

Format – Alpha description

Features – Drop-down menu display

Valid values:

Refer to *Appendix O* for valid values.

Field Name: Provider Number

Description – Enter a nine character numeric value to identify an individual provider for window data applicable to that provider.

Format – Nine-digit numeric value

Features – Input value box

Field Name: Reporting Period

Description – Indicates data fields that calculate to reflect an average per month accumulation of the six months prior to the month selected in this field.

Format – Month YY – rolling 18-month display

Features – Drop-down menu display

Field Name: Average Days To Receipt – Individual Provider

Description – Displays an average of the days elapsed from the date of service on the claim to the Julian date of the claim ICN for claims finalized for payment for a selected provider subset as an average per month for six months defined as the reporting period month and the five previous months.

Format – 99,999,999

Features – Protected – display only

Field Name: Average Days Receipt To Payment – Individual Provider

Description – Displays an average of the days elapsed from the Julian date of the claim ICN to the date of payment for claims finalized for payment for a selected provider subset as an average per month for six months defined as the reporting period month and the five previous months.

Format – 99,999,999

Features – Protected – display only

Field Name: Average Days Date Of Service To Payment – Individual Provider

Description – Displays an average of the days elapsed from the date of service on a claim to the date of payment for claims finalized for payment for a particular provider as an average per month for six months defined as the reporting period month and the five previous months.

Format – 99,999,999

Features – Protected – display only

Field Name: Average Days To Receipt – Total Provider Group

Description – Displays an average of the days elapsed from the date of service on the claim to the date of the claim ICN date for claims finalized for payment for all providers of the same type and/or specialty as an average per month for six months defined as the reporting period month and the five previous months.

Format – 99,999,999

Features – Protected – display only

Field Name: Average Days Adjudication To Payment – Total Provider Group

Description – Displays an average of the days from the Julian date of the claim ICN to the date of payment for claims finalized for payment for all providers of the same type and specialty as an average per month for six months defined as the reporting period month and the five previous months.

Format – 99,999,999

Features – Protected – display only

Field Name: Average Days Date of Service To Payment – Total Provider Group

Description – Displays an average of the days elapsed from the date of service on a claim to the date of payment for claims finalized for payment for all providers of the same type and specialty as an average

per month of six months defined as the reporting period month and the five previous months.

Format – 99,999,999

Features – Protected – display only

Field Name: 1 – 7 Days – Number Claims – Individual Provider

Description – Displays the average number of claims received within seven days from the date of service on the claim to the ICN date for the provider.

Format – 99,999,999

Features – Protected – display only

Field Name: 8 – 14 Days – Number Claims – Individual Provider

Description – Displays the average number of claims received between eight and 14 days from the date of service on the claim to the ICN date for the provider.

Format – 99,999,999

Features – Protected – display only

Field Name: 15 – 30 Days – Number Claims – Individual Provider

Description – Displays the average number of claims received between 15 and 30 days from the date of service on the claim to the ICN date for the provider.

Format – 99,999,999

Features – Protected – display only

Field Name: 31 – 60 Days – Number Claims – Individual Provider

Description – Displays the average number of claims received between 31 and 60 days from the date of service on the claim to the ICN date for the provider.

Format – 99,999,999

Features – Protected – display only

Field Name: 61 – 90 Days – Number Claims – Individual Provider

Description – Displays the average number of claims received between 61 and 90 days from the date of service on the claim to the ICN date for the provider.

Format – 99,999,999

Features – Protected – display only

Field Name: Greater Than 90 Days – Number Claims – Individual Provider

Description – Displays the average number of claims received more than 90 days from the date of service on the claim to the ICN date for the provider.

Format – 99,999,999

Features – Protected – display only

Field Name: Total Claims – Number Claims – Individual Provider

Description – Displays the average total number of claims received from the provider during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: 1 – 7 Days – Percent of Total – Individual Provider

Description – Displays the average number of claims as a percent of the total number of received claims from the provider received within seven days from the date of service on the claim to the ICN date for the provider.

Format – 99,999,999

Features – Protected – display only

Field Name: 8 – 14 Days – Percent of Total – Individual Provider

Description – Displays the average number of claims as a percent of the total number of received claims from the provider received between eight and 14 days from the date of service on the claim to the ICN date for the provider.

Format – 99,999,999

Features – Protected – display only

Field Name: 15 – 30 Days – Percent of Total – Individual Provider

Description – Displays the average number of claims as a percent of the total number of received claims from the provider received between 15 and 30 days from the date of service on the claim to the ICN date for the provider.

Format – 99,999,999

Features – Protected – display only

Field Name: 31 – 60 Days – Percent of Total – Individual Provider

Description – Displays the average number of claims as a percent of the total number of received claims from the provider received between 31 and 60 days from the date of service on the claim to the ICN date for the provider.

Format – 99,999,999

Features – Protected – display only

Field Name: 61 – 90 Days – Percent of Total – Individual Provider

Description – Displays the average number of claims as a percent of the total number of received claims from the provider received between 61 and 90 days from the date of service on the claim to the ICN date for the provider.

Format – 99,999,999

Features – Protected – display only

Field Name: Greater Than 90 Days – Percent of Total – Individual Provider

Description – Displays the average number of claims as a percent of the total number of received claims from the provider received more than 90 days from the date of service on the claim to the ICN date for the provider.

Format – 99,999,999

Features – Protected – display only

Field Name: Total Claims Percent of Total – Individual Provider

Description – Displays the average total number of claims as a percent of the total number of received claims from the provider during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: 1 – 7 Days – Number Claims – Total Provider Group

Description – Displays the average number of claims received within seven days from the date of service on the claim to the ICN date for all providers of the same type and specialty.

Format – 99,999,999

Features – Protected – display only

Field Name: 8 – 14 Days – Number Claims – Total Provider Group

Description – Displays the average number of claims received between eight and 14 days from the date of service on the claim to the ICN date for all providers of the same type and specialty.

Format – 99,999,999

Features – Protected – display only

Field Name: 15 – 30 Days – Number Claims – Total Provider Group

Description – Displays the average number of claims received between 15 and 30 days from the date of service on the claim to the ICN date for all providers of the same type and specialty.

Format – 99,999,999

Features – Protected – display only

Field Name: 31 – 60 Days – Number Claims – Total Provider Group

Description – Displays the average number of claims received between 31 and 60 days from the date of service on the claim to the ICN date for all providers of the same type and specialty.

Format – 99,999,999

Features – Protected – display only

Field Name: 61 – 90 Days – Number Claims – Total Provider Group

Description – Displays the average number of claims received between 61 and 90 days from the date of service on the claim to the ICN date for all providers of the same type and specialty.

Format – 99,999,999

Features – Protected – display only

Field Name: Greater Than 90 Days – Number Claims – Total Provider Group

Description – Displays the average number of claims received more than 90 days from the date of service on the claim to the ICN date for all providers of the same type and specialty.

Format – 99,999,999

Features – Protected – display only

Field Name: Total Claims– Number Claims – Total Provider Group

Description – Displays the average total number of claims received from all providers of the same type and specialty during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: 1 – 7 Days – Percent of Total – Total Provider Group

Description – Displays the average number of claims as a percent of the total number of received claims from all providers of the same type and specialty received within seven days from the date of service on the claim to the ICN date.

Format – 99,999,999

Features – Protected – display only

Field Name: 8 – 14 Days – Percent of Total – Total Provider Group

Description – Displays the average number of claims as a percent of the total number of received claims from all providers of the same type and specialty received between eight and 14 days from the date of service of the claim to the ICN date.

Format – 99,999,999

Features – Protected – display only

Field Name: 15 – 30 Days – Percent of Total – Total Provider Group

Description – Displays the average number of claims as a percent of the total number of received claims from all providers of the same type and specialty received between 15 and 30 days from the date of service on the claim to the ICN date.

Format – 99,999,999

Features – Protected – display only

Field Name: 31 – 60 Days – Percent of Total – Total Provider Group

Description – Displays the average number of claims as a percent of the total number of received claims from all providers of the same type and specialty received between 31 and 60 days from the date of service on the claim to the ICN date.

Format – 99,999,999

Features – Protected – display only

Field Name: 61 – 90 Days – Percent of Total – Total Provider Group

Description – Displays the average number of claims as a percent of the total number of received claims from all providers of the same type and specialty received between 61 and 90 days from the date of service on the claim to the ICN date.

Format – 99,999,999

Features – Protected – display only

Field Name: Greater Than 90 Days – Percent of Total – Total Provider Group

Description – Displays the average number of claims as a percent of the total number of received claims from all providers of the same type and specialty received more than 90 days from the date of service on the claim to the ICN date.

Format – 99,999,999

Features – Protected – display only

Field Name: Total Claims – Percent of Total – Total Provider Group

Description – Displays the averaged total number of claims as a percent of the total number of received claims from all providers of the same type and specialty in the reporting period.

Format – 99,999,999

Features – Protected – display only

Other Messages

Invalid Provider ID – The requested provider number or selected provider ID is not found on the database.

Ineligible Provider – The requested provider number or selected provider ID has no valid segments for the selected reporting period.

Ineligible Provider – The requested provider number or selected provider ID is not eligible for provider type or selected provider type code during the selected reporting period.

System Information

PBL –MAR01.PBL

Window –W_3856MO_PROV_FL_ANLY_6_MN_AVG

Menu – M_MAR_OPTIONS

Data Window – DW_3856MO_PROV_FL_ANLY_6_MN_AVG

System Features

Click the **Monthly** button to display a window titled Provider Filing Analysis. All menu selections made in the primary window carry forward to this window.

Click the **Exit** button from the window to return to the Provider Filing Analysis window.

Click the **Exit** button to populate the window with data that matches the criteria selected in the header menu.

Click the **Exit** button from the primary window to exit the Provider Filing Analysis – 6 Month Averages window and return to any open window or to the Indiana MAR menu bar if no other windows are open.

Section 20: Provider Ranking Window

Introduction

To bring up the Provider Ranking window, click **Provider** on the main command bar and a drop-down menu appears. Click **Ranking** and a slide-out menu appears. Click **Current Month** and Provider Ranking appears. Access the Provider Ranking – To Date Totals window.

The following menu options display:

- Program Code
- County
- Provider Type
- Provider Specialty
- Reporting Period

This window displays provider performance ranking among selected groups of like providers by calculating with various sort types in order of the most use to the least use within a provider's service location, type, and specialty.

[illegible]

Figure 20.1 Provider Ranking Window

| Provider Ranking (WM38-15R) | | | |
|-----------------------------|----------------|---------------------|--|
| File Edit | | | |
| Program Code | ALL | | |
| County | ALL | | |
| Provider Type | ALL | | |
| Provider Specialty | ALL | | |
| Provider Number | | | |
| Reporting Period | September 1996 | Number of Providers | |

| Paid Amount | Billed Amount for Paid Claims | Billed Amount for Denied Claims | Average Payment per Claim | I-- Percentage of Type --I Payment Billed | Avg Pmt per Recipient | R P |
|-------------|-------------------------------|---------------------------------|---------------------------|--|-----------------------|--------|
| | | | | | | |

To Date Totals

Select
Exit

Figure 20.2 – Provider Ranking Window Continued

Provider Ranking [WM38-15R]

File Edit

Program Code ALL
County ALL
Provider Type ALL
Provider Specialty ALL
Provider Number
Reporting Period September 1996 **Number of Providers**

| nt | Billed Amount for Paid Claims | Billed Amount for Denied Claims | Average Payment per Claim | [- Percentage of Type -] | Billed | Avg Pmt per Recipient | Rank by Payment |
|----|-------------------------------------|---------------------------------------|---------------------------------|--------------------------|--------|--------------------------|--------------------|
| | | | | | | | |

Figure 20.3 – Provider Ranking Window Continued

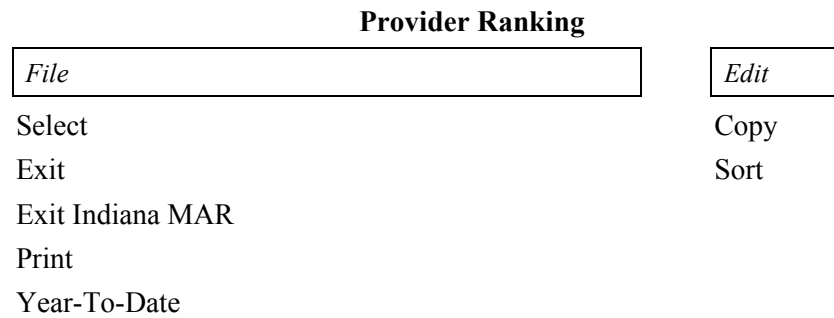


Figure 20.4 – Provider Ranking Menu Tree

Figure 20.4 is an illustration of the menu tree for the Provider Ranking window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Provider Ranking window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop down list box. If a commands or window option is faded, the command or window option is not available at the time.

A command or window option may be selected by the following methods:

1. Click the command or window option title.
2. Use a drop-down menu. Click the desired option title and a drop down box displays. Drag the mouse and let off the click on the desired command, or press the **Alt** button plus the underscored letter of the selected command and press **Enter**.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

Year-To-Date – Displays a window titled Provider Ranking – To Date Totals.

Menu Selection: Edit

This command allows data to be modified.

Copy – Copies text from one area to another without retyping.

Sort – Sorts data rows by ascending or descending orders of selected data elements. Select options for this screen include: number of claims paid, number of claims denied, allowed amount, billed amount on paid claims, billed amount on denied claims, and average payment per claim.

Field Information

Field Name: Program Code

Description – Indicates the type of State-specified funding that a claim is processed under. Note that when **All** is selected, shadow or encounter claims totals are not included. This selection is for reporting purposes only and is not a funding source.

Format – Alpha description

Features – Drop-down menu display

Valid values:

Refer to *Appendix FF* for the list of program codes including current

MCOs and a list of MAR windows updated to include shadow claims data.

Field Name: County

Description – Indicates the county where the provider rendered the service to the recipient as noted on the provider's service address in the system.

Format – Alpha description

Features – Drop-down menu display

Valid values:

Refer to *Appendix S* for valid values.

Field Name: Provider Type

Description – Indicates the type of licensure or certification.

Format – Alpha description

Features – Drop-down menu display

Valid values:

Refer to *Appendix N* for valid values.

Field Name: Provider Specialty

Description – Indicates the primary scope of practice for a provider.

Format – Alpha description

Features – Drop-down menu display

Valid values:

Refer to *Appendix O* for valid values.

Field Name: Provider Number

Description – Enter a nine-character numeric value to identify an individual provider for window data applicable to that provider.

Format – Nine-digit numeric value

Features – Input value box

Field Name: Reporting Period

Description – Indicates the data reported is from claims finalized during the month selected.

Format – Month YY – rolling 18-month display

Features – Drop-down menu display

Field Name: Number of Providers

Description – Enter a numeric character value to identify the number of providers to be displayed.

Format – Numeric value

Features – Input value box

Field Name: Provider Number

Description – Displays the provider number selected in the header menu or the number of providers as entered, by rank of providers with paid claims that meet all the criteria selected in the header menu.

Format – Alpha description

Features – Protected – display only

Field Name: Provider Name

Description – Displays the name corresponding to the provider number listed in Provider Number field.

Format – Alpha description

Features – Protected – display only

Field Name: Number Claims Paid

Description – Displays the number of claims submitted by the provider finalized for payment during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Number Claims Denied

Description – Displays the number of claims submitted by the provider denied during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Allowed Amount

Description – Displays the dollar amount total allowed for payment on claims finalized for the provider during the reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Paid Amount

Description – Displays the total dollar amount paid on claims finalized for the provider during the reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Billed Amount for Paid Claims

Description – Displays the total dollars billed for all claims finalized for payment to the provider during the reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Billed Amount for Denied Claims

Description – Displays the total dollars billed for all denied claims during the reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Average Payment Per Claim

Description – Displays the average dollar amount paid to the individual provider per total number of claims paid to the provider type and specialty.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Payment – Percentage of Type

Description – Displays the percentage of the total reimbursed amount for all providers within the same type and specialty paid to the individual provider.

Format – 99.99 percent

Features – Protected – display only

Field Name: Billed – Percentage of Type

Description – Displays the percentage of the total billed amount for all providers within the same type and specialty for all claims paid during the reporting period.

Format – 99.99 percent

Features – Protected – display only

Field Name: Average Payment Per Recipient

Description – Displays an average dollar amount of the total payments made to the provider per the participating eligibles of that provider for claims finalized for payment during the reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Rank By Payment

Description – Displays the numeric ranking of total payments for a provider with the same type and specialty during the reporting period.

Format – Numeric

Features – Protected – display only

Other Messages

Invalid Provider ID – The requested provider number or selected provider ID is not found on the database.

Ineligible Provider – The requested provider number or selected provider ID has no valid segments for the selected reporting period.

Ineligible Provider – The requested provider number or selected provider ID is not eligible for provider type or selected provider type code during the selected reporting period.

System Information

PBL – MAR01.PBL

Window – W_388_PROV_RANK

Menu – M_MAR_OPTIONS

Data Window – DW_388_PROV_RANK

System Features

Click the **To Date Totals** button to display a window titled Provider Ranking Analysis – To Date Totals. All menu selections made in the primary window carry forward to this window.

Click the **Exit** button from the window to return to Provider Ranking Analysis window.

Click the **Select** button to populate the window with data matching the criteria selected in the header menu.

Click the **Exit** button from the primary window to exit the Provider Ranking Analysis window and return to any open window or to the Indiana MAR menu bar if no other windows are open.

Section 21: Provider Ranking – To Date Totals Window

Introduction

To bring up the Provider Ranking – To Date Totals window, click **Provider** on the main command bar and a drop-down menu appears. Click **Ranking** and a slide-out menu appears. Click **Year-To-Date** and Provider Ranking – To Date Totals appears. Access the Provider Ranking window from this point.

The following menu options display:

- Program Code
- County
- Provider Type
- Provider Specialty
- Reporting Period

This window details provider performance ranking among selected groups of like providers in year-to-date time periods by calculating the rankings by selected sort types from the most use to the least use a provider's service location, type, and specialty.

[illegible]

Figure 21.1 – Provider Ranking To Date Totals Window

Provider Ranking - To Date Totals [WM38-15R]

| | |
|---|---|
| File Edit | |
| Program Code | ALL ↓ |
| County | ALL ↓ |
| Provider Type | ALL ↓ |
| Provider Specialty | ALL ↓ |
| Provider Number | <input type="text"/> |
| Reporting Period | September 1996 ↓ |
| Number of Providers <input type="text"/> | |

☒ State Fiscal YTD
☐ Federal Fiscal YTD
☐ Calendar YTD

| Paid Amount | Billed Amount for Paid Claims | Billed Amount for Denied Claims | Average Payment per Claim | -- Percentage of Type -- Payment Billed | Avg Pmt per Recipient | R P |
|-------------|-------------------------------|---------------------------------|---------------------------|--|-----------------------|--------|
| | | | | | | |

Monthly

Select
Exit

Figure 21.2 – Provider Ranking To Date Totals Window Continued

Provider Ranking - To Date Totals (WM38-15R)

File Edit

Program Code ALL

County ALL

Provider Type ALL

Provider Specialty ALL

Provider Number

Reporting Period September 1996

Number of Providers

☒ State Fiscal YTD
☐ Federal Fiscal YTD
☐ Calendar YTD

| nt | Billed Amount for Paid Claims | Billed Amount for Denied Claims | Average Payment per Claim | [- Percentage of Type -] Payment Billed | Avg Pmt per Recipient | Rank by Payment |
|----|-------------------------------------|---------------------------------------|---------------------------------|--|--------------------------|--------------------|
|----|-------------------------------------|---------------------------------------|---------------------------------|--|--------------------------|--------------------|

Monthly

Select Exit

Figure 21.3 – Provider Ranking – To Date Totals Window Continued

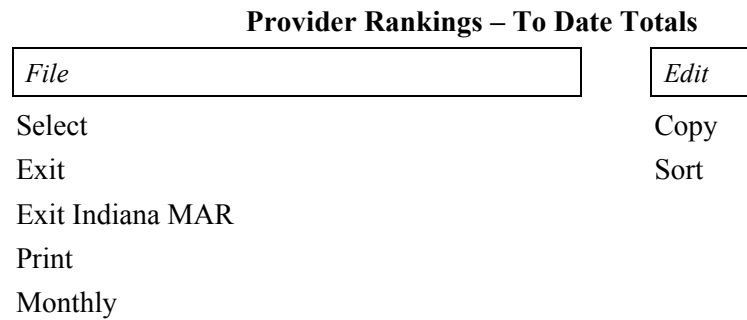


Figure 21.4 – Provider Rankings – To Date Totals Menu Tree

Figure 21.4 is an illustration of the menu tree for the Provider Ranking – To Date Totals window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Provider Ranking – To Date Totals window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop down list box. If a commands or window option is faded, the command or window option is not available at the time.

A command or window option may be selected by the following methods:

1. Click the command or window option title.
2. Use a drop-down menu. Click the desired option title and a drop down box displays. Drag the mouse and let off the click on the desired command, or press the **Alt** button plus the underscored letter of the selected command and press **Enter**.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

Monthly – Displays a window titled Provider Ranking.

Menu Selection: Edit

This command allows data to be modified.

Copy – Copies text from one area to another without retyping.

Sort – Sorts data rows by ascending or descending orders of selected data elements.

Field Information

Field Name: Program Code

Description – Indicates the type of State-specified funding that a claim is processed under. Note that when **All** is selected, shadow or encounter claims totals are not included. This selection is for reporting purposes only and is not a funding source.

Format – Alpha description

Features – Drop-down menu display

Valid values:

Refer to *Appendix FF* for the list of program codes including current

MCOs and a list of MAR windows updated to include shadow claims data.

Field Name: County

Description – Indicates the county where the provider renders service to a recipient.

Format – Alpha description

Features – Drop-down menu display

Valid values:

Refer to *Appendix S* for valid values.

Field Name: Provider Type

Description – Indicates the type of licensure or certification.

Format – Alpha description

Features – Drop-down menu display

Valid values:

Refer to *Appendix N* for valid values.

Field Name: Provider Specialty

Description – Indicates the primary scope of practice for a provider.

Format – Alpha description

Features – Drop-down menu display

Valid values:

Refer to *Appendix O* for valid values.

Field Name: Provider Number

Description – Enter a nine character numeric value to identify an individual provider for window data applicable to that provider.

Format – Nine-digit numeric value

Features – Input value box

Field Name: Reporting Period

Description – Indicates the data reported is from claims paid during the month selected.

Format – Month YY – rolling 18-month display

Features – Drop-down menu display

Field Name: Year To Date

Description – Displays a selection box with the year-to-date values. Click the desired year-to-date. Reporting period is modified to include claims data accumulated from the beginning of the selected year to date value through the month in reporting period.

Format – Alpha description

Features – Selection box

Valid Values:

State Fiscal YTD, July 1 to June 30

Federal Fiscal YTD, October 1 to September 30

Calendar YTD, January 1 to December 31

Field Name: Number of Providers

Description – Enter a numeric character value to identify the number of providers to be displayed.

Format – Numeric value

Features –Input value box

Field Name: Provider Number

Description – Displays the provider number selected in the header menu or the number of providers as entered by rank of providers with paid claims that meet all the criteria selected in the header menu.

Format – Alpha description

Features – Protected – display only

Field Name: Provider Name

Description – Displays the name corresponding to the provider number listed in Provider Number field.

Format – Alpha description

Features – Protected – display only

Field Name: Number Claims Paid

Description – Displays the number of claims submitted by the provider, which were finalized to payment during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Number Claims Denied

Description – Displays the number of claims submitted by the provider which were denied during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Allowed Amount

Description – Displays the dollar amount total allowed for payment on the claims finalized for payment to the provider during the reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Paid Amount

Description – Displays the total dollar amount paid for claims finalized for payment to the provider during the reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Billed Amount for Paid Claims

Description – Displays the total dollars billed for all claims finalized for payment to the provider during the reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Billed Amount for Denied Claims

Description – Displays the total dollars billed for all denied claims finalized for the provider during the reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Average Payment

Description – Displays the average dollar amount paid to the individual provider per total number of claims paid to the provider type and specialty.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Payment – Percentage of Type

Description – Displays the percentage of the total reimbursed amount for all providers with the same type and specialty that was paid to the individual provider.

Format – 99.99 percent

Features – Protected – display only

Field Name: Billed – Percentage of Type

Description – Displays the percentage of the total billed amounts for all providers with the same type and specialty of all claims paid during the reporting period.

Format – 99.99 percent

Features – Protected – display only

Field Name: Average Payment Per Recipient

Description – Displays an average dollar amount of the total payments made to the provider per the participating eligibles of that provider for the claims finalized for payment during the reporting period.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Rank By Payment

Description – Displays the numeric ranking of total payments for a provider with the same type and specialty during the reporting period.

Format – Three-digit numeric

Features – Protected – display only

Other Messages

Invalid Provider ID – The requested provider number or selected provider ID is not found on the database.

Ineligible Provider – The requested provider number or selected provider ID has no valid segments for the selected reporting period.

Ineligible Provider – The requested provider number or selected provider ID is not eligible for provider type or selected provider type code during the selected reporting period).

System Information

PBL – MAR01.PBL

Window – W_388TD_PROV_RANK_TD_TOT

Menu – M_MAR_OPTIONS

Data Window – DW_388TD_PROV_RANK_TD_TOT

System Features

Click the **Monthly** button to display a window titled Provider Ranking Analysis. All menu selections made in the primary window carry forward to this window.

Click the **Exit** button from the window to return to Provider Ranking Analysis – To Date Totals window.

Click the **Select** button to populate the window with data matching the criteria selected in the header menu.

Click the **Exit** button from the primary window to exit the Provider Ranking Analysis – To Date Totals window and return to any open window or to the Indiana MAR menu bar if no other windows are open.

Section 22: Provider Error Analysis Window

Introduction

To bring up the Provider Error Analysis window, click **Provider** on the main command bar and a drop-down menu appears. Click **Error Analysis** and a slide-out menu appears. Click **Error Analysis** and the Provider Error Analysis window displays. Access the following windows from this point:

- Provider Error Code Analysis
- Claim Payment Statistics – Provider Type

The following menu options display:

- Program Code
- Provider Type
- Provider Specialty
- Reporting Period

This window details statistical data about errors and claims payment percentages in order to highlight the overall provider understanding of billing procedures and program policies.

This window has been coded in the following manner:

- If type and specialty are selected and a provider number is entered, only data for that provider displays in the Individual Provider column and all providers for that type and specialty display in the Total Provider Group column.
- If type and specialty are selected and the provider number is left blank, all providers with that type and specialty display in the Individual Provider column and all providers with that type and any specialty displays in the Total Provider Group column.
- If type is selected and specialty is **All** and provider number is left blank, all providers with that type and any specialty displays in the Individual Provider column and all providers with any type or specialty display in the Total Provider Group column.

| Provider Error Analysis (WM38-10R) | | |
|------------------------------------|---------------------|----------------------|
| File Edit | | |
| Program Code | ALL | ↓ |
| Provider Type | ALL | ↓ |
| Provider Specialty | ALL | ↓ |
| Provider Number | | |
| Reporting Period | September 1996 | ↓ |
| <hr/> | | |
| | Individual Provider | Total Provider Group |
| Total Claims | | |
| Claims Paid | | |
| Claims Denied | | |
| Total Claim Correction | | |
| Paid After Correction | | |
| Pct Paid After Correction | | |
| Pct Paid With No Error | | |
| Pct With Error Override | | |
| Pct Denied | | |
| Pct of Errors | | |
| Avg. Err Per Adjud. Claim | | |
| <hr/> | | |
| Provider Error Code Analysis | | |
| Claim Payment Statistics | | |
| Select Exit | | |

Figure 22.1 – Provider Error Analysis Window

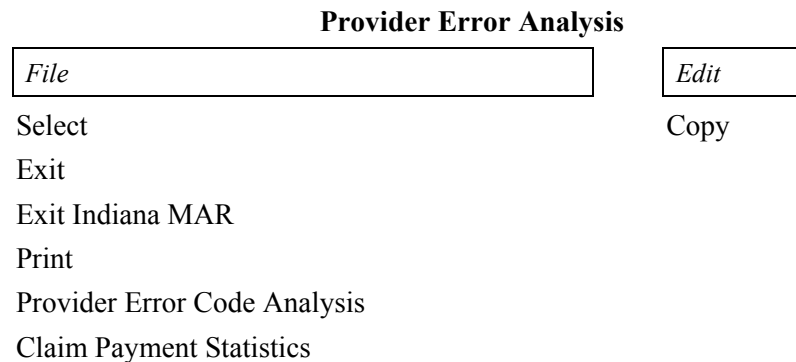


Figure 22.2 – Provider Error Analysis Menu Tree

Figure 22.2 is an illustration of the menu tree for the Provider Error Analysis window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Provider Error Analysis window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop down list box. If a commands or window option is faded, the command or window option is not available at the time.

A command or window option may be selected by the following methods:

1. Click the command or window option title.
2. Use a drop-down menu. Click the desired option title and a drop down box displays. Drag the mouse and let off the click on the desired command, or press the **Alt** button plus the underscored letter of the selected command and press **Enter**.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

Provider Error Code Analysis – Displays a window titled Provider Error Code Analysis.

Claim Payment Statistics – Displays a window titled Claim Payment Statistics – By Provider Type.

Menu Selection: Edit

This command allows data to be modified.

Copy – Copies text from one area to another without retyping.

Field Information

Field Name: Program Code

Description – Indicates the type of State-specified funding that a claim is processed under. Note that when **All** is selected, shadow or encounter claims totals are not included. This selection is for reporting purposes only and is not a funding source.

Format – Alpha description

Features – Drop-down menu display

Valid values:

Refer to *Appendix FF* for the list of program codes including current

MCOs and a list of MAR windows updated to include shadow claims data.

Field Name: Provider Type

Description – Indicates the type of licensure or certification.

Format – Alpha description

Features – Drop-down menu display

Valid values:

Refer to *Appendix N* for valid values.

Field Name: Provider Specialty

Description – Indicates the primary scope of practice for a provider.

Format – Alpha description

Features – Drop-down menu display

Valid values:

Refer to *Appendix O* for valid values.

Field Name: Provider Number

Description – Enter a nine character numeric value to identify an individual provider for window data applicable to that provider.

Format – Nine-digit numeric value

Features – Input value box

Field Name: Reporting Period

Description – Indicates the data reported is from claims finalized during the month selected.

Format – Month YY – rolling 18-month display

Features – Drop-down menu display

Field Name: Total Claims – Individual Provider

Description – Displays the number of claims submitted by the selected provider finalized during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Claims Paid – Individual Provider

Description – Displays the number of claims for the selected provider finalized during the reporting period that processed for payment.

Format – 99,999,999

Features – Protected – display only

Field Name: Claims Denied – Individual Provider

Description – Displays the number of claims for the selected provider finalized during the reporting period denied for payment.

Format – 99,999,999

Features – Protected – display only

Field Name: Total Claim Correction – Individual Provider

Description – Displays a count of error corrections or adjudications to claims submitted by the provider and finalized during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Paid After Correction – Individual Provider

Description – Displays the number of claims for the selected provider that required error correction to finalize for payment during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Percent Paid After Correction – Individual Provider

Description – Displays the number of paid corrected claims as a percentage of the total paid claims for the selected provider during the reporting period.

Format – 99.99 percent

Features – Protected – display only

Field Name: Percent Paid With No Error – Individual Provider

Description – Displays the number of claims for the selected provider that did not require correction before finalizing for payment as a percent of the total number of paid and denied claims finalized during the reporting period for the same provider.

Format – 99.99 percent

Features – Protected – display only

Field Name: Percent With Error Override – Individual Provider

Description – Displays the number of claims for the selected provider that paid but required an error override before finalized for payment as a percent of the total number of paid and denied claims finalized during the reporting period.

Format – 99.99 percent.

Features – Protected – display only

Field Name: Percent Denied – Individual Provider

Description – Displays the number of claims denied as a percentage of the total claims finalized during the reporting period for the provider.

Format – 99.99 percent

Features – Protected – display only

Field Name: Percent of Errors – Individual Provider

Description – Displays the number of paid and denied claims finalized during the reporting period for the provider that suspended with at least one error as a percentage of the total claims for that provider.

Format – 99.99 percent

Features – Protected – display only

Field Name: Average Errors Adjudicated Per Individual Provider

Description – Displays an average of the number of errors per the number of adjudicated claims during the reporting period for the provider.

Format – 99,999,999

Features – Protected – display only

Field Name: Total Claims – Total Provider Group

Description – Displays the number of claims submitted by all providers of the selected provider type and specialty that finalized during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Claims Paid – Total Provider Group

Description – Displays the number of claims finalized during the reporting period that processed for payment for all providers of the selected provider type and specialty.

Format – 99,999,999

Features – Protected – display only

Field Name: Claims Denied – Total Provider Group

Description – Displays the number of claims finalized during the reporting period denied for payment for all providers of the selected provider type and specialty.

Format – 99,999,999

Features – Protected – display only

Field Name: Total Claim Correction – Total Provider Group

Description – Displays a count of error corrections or adjudications for claims submitted by all providers of the selected provider type and specialty and finalized during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Paid After Correction – Total Provider Group

Description – Displays the number of claims that required error correction to finalize for payment for all providers of the selected provider type and specialty during the reporting period.

Format – 99,999,999

Features – Protected – display only

Field Name: Percent Paid After Correction – Total Provider Group

Description – Displays the number of paid corrected claims as a percentage of the total paid claims for all providers of the selected provider type and specialty during the reporting period.

Format – 99.99 percent

Features – Protected – display only

Field Name: Percent Paid With No Error – Total Provider Group

Description – Displays the number of claims for the selected provider group that did not require correction before finalized for payment as a percent of the total number of paid and denied claims finalized during the reporting period for the selected provider type and specialty group.

Format – 99.99 percent

Features – Protected – display only

Field Name: Percent With Error Override – Total Provider Group

Description – Displays the number of paid claims that required error override before finalized to payment during the reporting period for all providers of the selected provider type and specialty as a percent of the total number of claims finalized in the same month.

Format – 99.99 percent.

Features – Protected – display only

Field Name: Percent Denied – Total Provider Group

Description – Displays the number of claims denied as a percentage of the total claims finalized during the reporting period for all providers of the selected provider type and specialty.

Format – 99.99 percent

Features – Protected – display only

Field Name: Percent of Errors – Total Provider Group

Description – Displays the number of paid and denied claims finalized during the reporting period for all providers of the selected provider type and specialty that suspended with at least one error as a percentage of the total claims finalized for the same group of providers.

Format – 99.99 percent

Features – Protected – display only

Field Name: Average Errors Per Adjudicated Claim – Total Provider Group

Description – Displays an average of the number of errors per the number of adjudicated claims during the reporting period for all providers of the selected provider type and specialty.

Format – 99,999,999

Features – Protected – display only

Other Messages

Invalid Provider ID – The requested provider number or selected provider ID is not found on the database.

Ineligible Provider – The requested provider number or selected provider ID has no valid segments for the selected reporting period.

Ineligible Provider – The requested provider number or selected provider ID is not eligible for provider type or selected provider type code during the selected reporting period).

System Information

PBL – MAR01.PBL

Window – W_382_PROV_ERR_ANLY

Menu – M_MAR_OPTIONS

Data Window – DW_382_PROV_ERR_ANLY

System Features

Click the **Error Code Analysis** button to display a window titled Provider Error Code Analysis. All menu selections made in the primary window carry forward to this window.

Click the **Claim Payments Statistics** button to display a window titled Claim Payment Statistics – Provider Type. The menu selections: **Program Code, Provider Type, Provider Specialty and Reporting Period** from the primary window carry forward to this window.

Click the **Exit** button from the window to return to Provider Error Analysis window.

Click the **Select** button to populate the window with data matching the criteria selected in the header menu.

Click the **Exit** button from the primary window to exit the Provider Error Analysis window and exit the return to any open window or to the Indiana MAR menu bar if no other windows are open.

Section 23: Provider Error Code Analysis Window

Introduction

To bring up the Provider Error Code Analysis window, click **Provider** on the main command bar and a drop-down menu appears. Click **Error Analysis** and a slide-out menu appears. Click **Error Code Analysis** and the Provider Error Code Analysis window displays. Access the Provider Error Analysis window from this point.

The following menu options display:

- Program Code
- Provider Type
- Provider Specialty
- Reporting Period

This window displays the most common provider billing errors in a selected time period by the method used to correct the errors. This highlights the overall provider understanding of billing procedures and program policies.

Provider Error Code Analysis [WM38-09R]

File Edit

Program Code ALL

Provider Type ALL

Provider Specialty ALL

Provider Number

Reporting Period August 1994

| ERRORS | | |
|--------|-------------|------|
| Code | Description | Pct. |
| | | |

| OVERRIDE | | |
|----------|-------------|------|
| Code | Description | Pct. |
| | | |

| DENIAL | | |
|--------|-------------|------|
| Code | Description | Pct. |
| | | |

Provider Error Analysis

Select Exit

Figure 23.1 – Provider Error Code Analysis Window

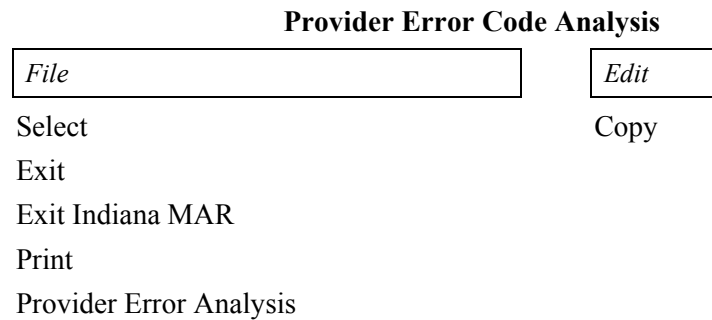


Figure 23.2 – Provider Error Code Analysis Menu Tree

Figure 23.2 is an illustration of the menu tree for the Provider Error Code Analysis window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Provider Error Code Analysis window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop down list box. If a commands or window option is faded, the command or window option is not available at the time.

A command or window option may be selected by the following methods:

1. Click the command or window option title.
2. Use a drop-down menu. Click the desired option title and a drop down box displays. Drag the mouse and let off the click on the desired command, or press the **Alt** button plus the underscored letter of the selected command and press **Enter**.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

Provider Error Analysis – Displays a window titled Provider Error Analysis.

Menu Selection: Edit

This command allows data to be modified.

Copy – Copies text from one area to another without retyping.

Field Information

Field Name: Program Code

Description – Indicates the type of State-specified funding that a claim is processed under. Note that when **All** is selected, shadow or encounter claims totals are not included. This selection is for reporting purposes only and is not a funding source.

Format – Alpha description

Features – Drop-down menu display

Valid values:

Refer to *Appendix FF* for the list of program codes including current

MCOs and a list of MAR windows updated to include shadow claims data.

Field Name: Provider Type

Description – Indicates the type of licensure or certification.

Format – Alpha description

Features – Drop-down menu display

Valid values:

Refer to *Appendix N* for valid values.

Field Name: Provider Specialty

Description – Indicates the primary scope of practice for a provider.

Format – Alpha description

Features – Drop-down menu display

Valid values:

Refer to *Appendix O* for valid values.

Field Name: Provider Number

Description – Enter a nine character numeric value to identify an individual provider for window data applicable to that provider.

Format – Nine-digit numeric value

Features – Input value box

Field Name: Reporting Period

Description – Indicates the data reported is from claims finalized during the month selected.

Format – Month YY – rolling 18-month display

Features – Drop-down menu display

Field Name: Errors – Code

Description – Displays the edit or audit code representing an error paid and denied claims finalized during the reporting period exhibited.

Format – Four character numeric

Features – Protected – display only

Field Name: Errors – Description

Description – Displays a short description of the edit or audit code representing the error.

Format – Alpha description

Features – Protected – display only

Field Name: Errors – Percent

Description – Displays the number of claims finalized during the reporting period that exhibited this error as a percent of the total paid and denied claims finalized in the same month.

Format – 99.99 percent

Features – Protected – display only

Field Name: Override – Code

Description – Displays the explanation of benefit (EOB) code used to override errors exhibited on claims finalized during the reporting period.

Format – Four digit numeric

Features – Protected – display only

Field Name: Override – Description

Description – Displays a short description of the explanation of benefit (EOB) code.

Format – Alpha description

Features – Protected – display only

Field Name: Override – Percent

Description – Displays the number of claims finalized during the reporting period that exhibited an error overridden with this explanation of benefit (EOB) as a percent of the total number overrides on claims finalized during the same month.

Format – 99.99 percent

Features – Protected – display only

Field Name: Denial – Code

Description – Displays the explanation of benefit (EOB) code used to deny errors on claims finalized during the reporting period.

Format – Four-digit numeric

Features – Protected – display only

Field Name: Denial – Description

Description – Displays a short description of the explanation of benefit (EOB) code.

Format – Alpha description

Features – Protected – display only

Field Name: Denial – Percent

Description – Displays the number of claims finalized during the reporting period that exhibited an error that was denied with this explanation of benefit (EOB) as a percent of the total number of denial EOBs on claims finalized during the same month.

Format – 99.99 percent

Features – Protected – display only

Other Messages

Invalid Provider ID – The requested provider number or selected provider ID is not found on the database.

Ineligible Provider – The requested provider number or selected provider ID has no valid segments for the selected reporting period.

Ineligible Provider – The requested provider number or selected provider ID is not eligible for provider type or selected provider type code during the selected reporting period).

System Information

PBL – MAR01.PBL

Window – W_382ERR_PROV_ERR_CDE_ANLY

Menu – M_MAR_OPTIONS

Data Window – DW_382ERR_PROV_ERR_CDE_ANLY

System Features

Click the **Provider Error Analysis** button to display a window titled Provider Error Analysis. All menu selections made in the primary window carry forward to this window.

Click the **Exit** button from the window to return to Provider Error Code Analysis window.

Click the **Select** button to populate the window with data matching the criteria selected in the header menu.

Click the **Exit** button from the primary window to exit the Provider Error Code Analysis window and return to any previous open window or to the Indiana MAR menu bar if no windows re open.

Section 24: Mental Health Rehabilitation Window

Introduction

To bring up the Mental Health Rehabilitation window, click **Provider** on the main command bar and a drop-down menu appears. Click **Mental Health** and the Mental Health Rehabilitation window displays.

The following menu options display:

- Program Code
- Provider ID
- Reporting Period

This window displays the data gathered from current and historical payments to mental health facilities. Data is accumulated from claims paid during the selected reporting period and the net results of adjustments finalized during the same period.

The screenshot shows a software window titled "Mental Health Rehabilitation [WM39-16/17/18R]". It has a menu bar with "File" and "Edit". Below the menu bar are three filter fields: "Program Code" set to "ALL", "Provider" set to "ALL", and "Reporting Period" set to "September 1996". To the right of these fields is a radio button group with three options: "State Fiscal YTD" (selected), "Federal Fiscal YTD", and "Calendar YTD". Below the filters is a large table with a scroll bar on the right. The table has two main sections: "Current Month" and "To Date". Each section has three columns: "Description", "Expenditures", "Units", and "Unduplicated Recipients". The table is currently empty. At the bottom of the window are two buttons: "Select" and "Exit".

| Current Month | | | | To Date | | | |
|---------------|--------------|-------|-------------------------|-------------|--------------|-------|-------------------------|
| Description | Expenditures | Units | Unduplicated Recipients | Description | Expenditures | Units | Unduplicated Recipients |

Figure 24.1 – Mental Health Rehabilitation Window

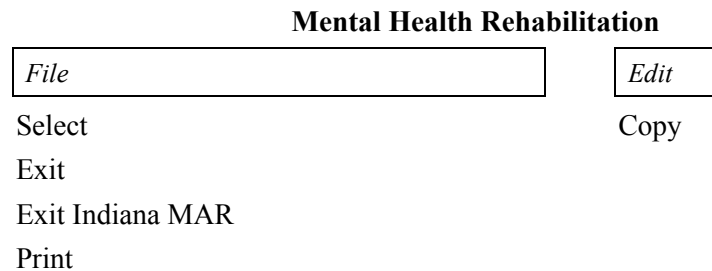


Figure 24.2 – Mental Health Rehabilitation Menu Tree

Figure 24.2 is an illustration of the menu tree for the Mental Health Rehabilitation window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Mental Health Rehabilitation window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop down list box. If a commands or window option is faded, the command or window option is not available at the time.

A command or window option may be selected by the following methods:

1. Click the command or window option title.
2. Use a drop-down menu. Click the desired option title and a drop down box displays. Drag the mouse and let off the click on the desired command, or press the **Alt** button plus the underscored letter of the selected command and press **Enter**.

Menu Selection: *File*

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

Menu Selection: Edit

This command allows data to be modified.

Copy – Copies text from one area to another without retyping.

Field Information**Field Name: Program Code**

Description – Indicates the type of State-specified funding that a claim is processed under. Note that when **All** is selected, shadow or encounter claims totals are not included. This selection is for reporting purposes only and is not a funding source.

Format – Alpha description

Features – Drop-down menu display

Valid values:

Refer to *Appendix FF* for the list of program codes including current

MCOs and a list of MAR windows updated to include shadow claims data.

Field Name: Provider ID

Description – Indicates the identifying number for a provider that is able to bill for mental health rehabilitation services.

Format – Nine-digit numeric

Features – Drop-down menu display

Field Name: Reporting Period

Description – Indicates the data reported is from claims paid during the month selected.

Format – Month YY – rolling 18-month display

Features – Drop-down menu display

Field Name: Year To Date

Description – Displays a selection box with the year-to-date values. Click the desired year-to-date. Reporting period is modified to include claims data accumulated from the beginning of the selected year to date value through the month in reporting period.

Format – Alpha description

Features – Selection box

Valid Values:

State Fiscal YTD, July 1 to June 30

Federal Fiscal YTD, October 1 to September 30

Calendar YTD, January 1 to December 31

Field Name: Description

Description – Displays the five-digit alphanumeric code plus a short description of the services considered to be mental health rehabilitation services.

Format – Five-digit alpha numeric code plus alpha description

Features – Protected – display only

Valid Values:

Refer to *Appendix AA* for valid values.

Field Name: Expenditures – Current Month

Description – Displays the dollars paid to the selected provider, for the service only, during the reporting period month.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Units – Current Month

Description – Displays the number of units of service allowed on claims paid to the selected provider, for service only, during the reporting period month.

Format – 99,999,999

Features – Protected – display only

Field Name: Unduplicated Recipients – Current Month

Description – Displays a count of unique recipients served by the provider for claims finalized during the reporting period month only. This count only includes recipients from paid claims.

Format – 99,999,999

Features – Protected – display only

Field Name: Expenditures – To Date

Description – Displays the dollars allowed to the selected provider during the reporting period year-to-date accumulations for the service.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Units – To Date

Description – Displays the number of units of service allowed on claims paid for the selected provider during the reporting period year-to-date accumulations for the service.

Format – 99,999,999

Features – Protected – display only

Field Name: Unduplicated Recipients – To Date

Description – Displays a count of unique recipients served by the provider on claims finalized during the reporting period year-to-date. This count only includes recipients from paid claims.

Format – 99,999,999

Features – Protected – display only

Other Messages

No Matching Records Found.

System Information

PBL – MAR02.PBL

Window – W_MENTAL_HEALTH

Menu – M_MAR_OPTIONS

Data Window – DW_MENTAL_HEALTH

System Features

Click the **Select** button to populate the window with data that matches the criteria selected in the header menu.

Click the **Exit** button from the Mental Health Rehabilitation window to exit the window and return to any previous open window or to the Indiana MAR menu bar if no windows are open.

Section 25: Disproportionate Share Hospital Window

Introduction

To bring up the Disproportionate Share Hospital window, click **Provider** on the main command bar and a drop-down menu appears. Click **Disproportionate Share** and the Disproportionate Share Hospital window displays.

The following menu options display:

- Program Code
- Provider ID
- Reporting Period

This window displays expenditure data for disproportionate share hospitals. Disproportionate share hospitals are those facilities that receive an increased rate of payment due to the large percentage of IHCP medical assistance program recipients served. DSH facilities are designated by FSSA.

Disproportionate Share Hospital [W23-14R]

File Edit

Program Code ALL

Provider ALL

Reporting Period August 1994

| Provider Number | FDOS Before 10/01/92 | | FDOS After 09/30/92 | |
|--------------------|----------------------|---------------|---------------------|---------------|
| | Claims | Amt Paid | Claims | Amt Paid |
| Totals | 0 | \$0.00 | 0 | \$0.00 |

Figure 25.1 – Disproportionate Share Hospital Window

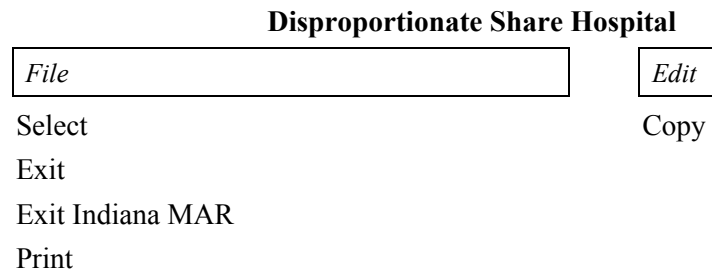


Figure 25.2 – Disproportionate Share Hospital Menu Tree

Figure 25.2 is an illustration of the menu tree for the Disproportionate Share Hospital window. All menus appear in single-line boxes. The menu titles on this illustration reflect the overall menu commands and window options for the Disproportionate Share Hospital window.

Menu Bar

The menu bar is located below the window title bar and contains the heading for the list of commands or window options.

The list of available commands or window options is displayed in a drop down list box. If a commands or window option is faded, the command or window option is not available at the time.

A command or window option may be selected by the following methods:

1. Click the command or window option title.
2. Use a drop-down menu. Click the desired option title and a drop down box displays. Drag the mouse and let off the click on the desired command, or press the **Alt** button plus the underscored letter of the selected command and press **Enter**.

Menu Selection: File

This selection offers the following options:

Select – Populates data window with items that match criteria selected in the window header menus.

Exit – Closes the current window and returns to the previous window.

Exit Indiana MAR – Exits the Indiana MAR program.

Print – Prints a data window, current window, or the entire display.

Menu Selection: Edit

This command allows data to be modified.

Copy – Copies text from one area to another without retyping.

Field Information**Field Name: Program Code**

Description – Indicates the type of State-specified funding that a claim is processed under. Note that when **All** is selected, shadow or encounter claims totals are not included. This selection is for reporting purposes only and is not a funding source.

Format – Alpha description

Features – Drop-down menu display

Valid values:

Refer to *Appendix FF* for the list of program codes including current

MCOs and a list of MAR windows updated to include shadow claims data.

Field Name: Provider ID

Description – Indicates an identifying number for a provider that is a disproportionate share facility.

Format – Nine-digit numeric

Features – Drop-down menu display

Field Name: Reporting Period

Description – Indicates the data reported is from claims paid during the month selected.

Format – Month YY – rolling 18-month display

Features – Drop-down menu display

Field Name: Provider Number

Description – Displays the identifying value of the provider selected above.

Format – Nine-digit numeric

Features – Protected – display only

Field Name: Claims – FDOS Before 10/01/92

Description – Displays the number of claims finalized during the reporting period for the selected provider with a from date of service prior to October 1, 1992.

Format – 99,999,999

Features – Protected – display only

Field Name: Amount Paid – FDOS Before 10/01/92

Description – Displays the dollar allowed amount for all claims finalized during the reporting period for the selected provider with a from date of service prior to October 1, 1992.

Format – \$9,999,999,999.99

Features – Protected – display only

Field Name: Claims – FDOS After 09/30/92

Description – Displays the number of claims finalized during the reporting period for the selected provider with a from date of service after September 30, 1992.

Format – 99,999,999

Features – Protected – display only

Field Name: Amount Paid – FDOS After 9/30/92

Description – Displays the dollar allowed amount for all claims finalized during the reporting period for the selected provider with a from date of service after September 30, 1992.

Format – \$9,999,999,999.99

Features – Protected – display only

Other Messages

No Matching Records Found.

System Information

PBL – MAR01.PBL

Window – W_231_DISPRO_HOSP

Menu – M_MAR_OPTIONS

Data Window – DW_231_DISPRO_HOSP

System Features

Click the **Select** button to populate the window with data that matches the criteria selected in the header menu.

Click the **Exit** button from the primary window to exit the Disproportionate Share Hospital window and return to any open window or to the Indiana MAR menu bar if no other windows are open.

Appendix A: State Category of Service

Table A.1 – State Category of Service

| High-Level Category (summary of subcategories) | | |
|--|--|---|
| | Subcategory (summary of sub-subcategories) | |
| | | Sub-subcategory (detail) |
| 100 | Inpatient Services | |
| 200 | Inpatient Psychiatric Services | |
| | 210 | Inpatient Psychiatric Services – State Facility |
| | 211 | Inpatient Psychiatric Services – State Facility – Child |
| | 212 | Inpatient Psychiatric Services – State Facility – Adult |
| | 213 | Inpatient Psychiatric Services – State Facility – Aged |
| | 220 | Inpatient Psychiatric Services – Private Facility |
| | 221 | Inpatient Psychiatric Services – Private Facility – Child |
| | 222 | Inpatient Psychiatric Services – Private Facility – Adult |
| | 223 | Inpatient Psychiatric Services – Private Facility – Aged |
| 300 | Outpatient Services | |
| | 301 | Outpatient Services – Emergency |
| | 302 | Outpatient Services – Non-emergency |
| 400 | Capitated Services – Risk Based Premium | |
| 500 | Targeted Case Management Services | |
| 600 | Physician Services | |
| | 610 | PCCM Administrative Fee |
| | 620 | All other physician services |
| 700 | Prescribed Drugs Services | |
| | 710 | Prescribed Drugs Services – Pharmacy |
| | 711 | Prescribed Drugs Services – Pharmacy – Legend |
| | 712 | Prescribed Drugs Services – Pharmacy – Non-legend |
| | 720 | Prescribed Drugs Services – Physician Dispensed Legend |
| | 730 | Prescribed Drugs Services – Dentist Dispensed Legend |
| | 740 | Prescribed Drugs Services – Chiropractor Dispensed Legend |
| | 750 | Prescribed Drugs Services – Podiatrist Dispensed Legend |
| | 760 | Prescribed Drugs Services – Optometrist Dispensed Legend |
| | 790 | Prescribed Drugs Services – Else |
| 800 | Medical Supply Services | |
| | 801 | Medical Supply Services – Pharmacy Dispensed |

Table A.1 – State Category of Service

| High-Level Category (summary of subcategories) | | | |
|--|--|---|---|
| | Subcategory (summary of sub-subcategories) | | |
| | | | Sub-subcategory (detail) |
| | 802 | Medical Supply Services – Supplier Dispensed | |
| | 890 | Medical Supply Services – Else | |
| 900 | Durable Medical Equipment Services | | |
| | 901 | Durable Medical Equipment Services – Pharmacy Dispensed | |
| | 902 | Durable Medical Equipment Services – Supplier Dispensed | |
| | 903 | Durable Medical Equipment Services – Chiropractor Dispensed | |
| | 990 | Durable Medical Equipment Services – Else | |
| 1000 | Prosthetic / Orthotic Services | | |
| 1100 | Lab Services | | |
| 1200 | X-ray Services | | |
| 1300 | Transportation Services | | |
| | 1301 | Transportation Services – Emergency Ambulance | |
| | 1302 | Transportation Services – Non-emergency Ambulance | |
| | 1303 | Transportation Services – Other Ambulance | |
| | 1304 | Transportation Services – Wheelchair Van | |
| | 1305 | Transportation Services – Taxi | |
| | 1306 | Transportation Services – Commercial Ambulatory | |
| | 1307 | Transportation Services – Family Member Transportation | |
| | 1390 | Transportation Services – Else | |
| 1400 | Nursing Home Services | | |
| | 1401 | Nursing Home Services – Intermediate | |
| | 1402 | Nursing Home Services – Skilled | |
| 1500 | ICF-MR Services | | |
| | 1501 | ICF-MR Services – Small Private Facility | |
| | 1502 | ICF-MR Services – Large Private Facility | |
| | 1503 | ICF-MR Services – State Facility | |
| 1600 | Home Health Services | | |
| 1800 | Hospice Services | | |
| 2000 | Therapy Services | | |
| | 2010 | Therapy Services – Physical | |
| | | 2011 | Therapy Services – Physical – Therapist |
| | | 2013 | Therapy Services – Physical – Physician |

Table A.1 – State Category of Service

| High-Level Category (summary of subcategories) | | | |
|--|--|---------------------------------|---|
| | Subcategory (summary of sub-subcategories) | | |
| | Sub-subcategory (detail) | | |
| | | 2014 | Therapy Services – Physical – Chiropractor |
| | | 2019 | Therapy Services – Physical – Else |
| | 2020 | Therapy Services – Speech | |
| | | 2021 | Therapy Services – Speech – Therapist |
| | | 2023 | Therapy Services – Speech – Physician |
| | | 2029 | Therapy Services – Speech – Else |
| | 2030 | Therapy Services – Occupational | |
| | | 2031 | Therapy Services – Occupational – Therapist |
| | | 2033 | Therapy Services – Occupational – Physician |
| | | 2039 | Therapy Services – Occupational – Else |
| | 2040 | Therapy Services – Respiratory | |
| | | 2041 | Therapy Services – Respiratory – Therapist |
| | | 2043 | Therapy Services – Respiratory – Physician |
| | | 2049 | Therapy Services – Respiratory – Else |
| | 2050 | Therapy Services – Audiology | |
| | | 2051 | Therapy Services – Audiology – Therapist |
| | | 2052 | Therapy Services – Audiology – Audiologist |
| | | 2053 | Therapy Services – Audiology – Physician |
| | | 2059 | Therapy Services – Audiology – Else |
| | | 2090 | Therapy Services – Else |
| 2100 | Outpatient Rehab Services | | |
| 2200 | Mental Health Services | | |
| | 2201 | Mental Health Rehabilitation | |
| | 2202 | Other Mental Health Services | |
| 2300 | Dental Services | | |
| | 2310 | Dental Services – Child | |
| | | 2311 | Dental Services – Child – Preventative and Diagnostic |
| | | 2312 | Dental Services – Child – Restorative |
| | | 2313 | Dental Services – Child – Oral Surgery |
| | | 2314 | Dental Services – Child – Orthodontia |
| | | 2315 | Dental Services – Child – Dentures and Prosthetics |
| | | 2316 | Dental Services – Child – Endodontics |

Table A.1 – State Category of Service

| High-Level Category (summary of subcategories) | | | |
|--|--|--|---|
| | Subcategory (summary of sub-subcategories) | | |
| | Sub-subcategory (detail) | | |
| | | 2317 | Dental Services – Child – Periodontics |
| | | 2319 | Dental Services – Child – Other |
| | 2320 | Dental Services – Adult | |
| | | 2321 | Dental Services – Adult – Preventative and Diagnostic |
| | | 2322 | Dental Services – Adult – Restorative |
| | | 2323 | Dental Services – Adult – Oral Surgery |
| | | 2324 | Dental Services – Adult – Orthodontia |
| | | 2325 | Dental Services – Adult – Dentures and Prosthetics |
| | | 2326 | Dental Services – Adult – Endodontics |
| | | 2327 | Dental Services – Adult – Periodontics |
| | | 2329 | Dental Services – Else |
| 2400 | Chiropractic Services | | |
| 2500 | Podiatrist Services | | |
| 2600 | Eye Care and Exams | | |
| | 2601 | Eye Care and Exams – Eye Exams | |
| | 2602 | Eye Care and Exams – Other Eye Care | |
| 2700 | Eyewear | | |
| | 2701 | Eyewear – Eyeglasses | |
| | 2702 | Eyewear – Contacts | |
| | 2703 | Eyewear – Else | |
| 2800 | Dialysis Services | | |
| 2900 | School Corporation Services | | |
| 3100 | Health Insurance Payments | | |
| | 3101 | Health Insurance Payments – Physician | |
| | 3102 | Health Insurance Payments – Drug | |
| | 3103 | Health Insurance Payments – Inpatient Hospital | |
| | 3104 | Health Insurance Payments – Long Term Care | |
| | 3105 | Health Insurance Payments – Buy-in Part A | |
| | 3106 | Health Insurance Payments – Buy-in Part B | |
| | 3107 | Health Insurance Payments – Other | |
| 3200 | Non-Specific Financial Transactions | | |
| 3300 | Waiver Services | | |

Table A.1 – State Category of Service

| High-Level Category (summary of subcategories) | | |
|--|--|---|
| | Subcategory (summary of sub-subcategories) | |
| | | Sub-subcategory (detail) |
| | 3301 | Waiver Services – Aged and Disabled |
| | 3302 | Waiver Services – Autistic |
| | 3303 | Waiver Services – ICF/MR Developmentally Disabled |
| | 3304 | Waiver Services – OBRA Home Care Based Services |
| | 3305 | Waiver Services – Medically Fragile Children |
| 3400 | MRT Exams (Disability Determination) | |
| 3500 | Native American Health Services | |
| 9000 | Default | |
| 9900 | Unknown | |
| | 9910 | HCFA 1500 Unknown |
| | 9920 | UB92 Unknown |
| ALL | | |

Appendix B: Federal Category of Service

Table B.1 – Federal Category of Service

| Code | Category |
|------|---|
| 01 | Totals |
| 02 | Inpatient Hospital Services |
| 03 | Mental Hospital Services for the Aged |
| 04 | SNF/ICF Services for the Aged |
| 05 | Inpatient Psychiatric Services for Individuals Age 21 and Under |
| 06 | ICF Services for Mentally Retarded |
| 07 | ICF Services for All Others |
| 08 | SNF Services |
| 09 | Physician Services |
| 10 | Dental Services |
| 11 | Other Practitioner Services |
| 12 | Outpatient Hospital Services |
| 13 | Clinic Services |
| 14 | Home Health Services |
| 15 | Family Planning Services |
| 16 | Lab/X-ray Services |
| 17 | Prescribed Drugs |
| 18 | Early and Periodic Screening (EPSDT) |
| 19 | Rural Health Clinic Services |
| 20 | Other Care |
| 21 | N/A |
| 22 | N/A |
| 23 | N/A |
| 24 | Federally Qualified Health Center (FQHC) |
| 25 | Sterilizations |
| 26 | Abortions |
| 27 | Transportation Services |
| 28 | N/A |
| 29 | N/A |
| 30 | N/A |
| 31 | Personal Care Services |
| 32 | Targeted Case Management |

Table B.1 – Federal Category of Service

| Code | Category |
|-------------|--|
| 33 | Home and Community Based Care Services (HCBCS) |
| 34 | Rehabilitation Services |
| 35 | PT, OT, Speech, Hearing and Language |
| 36 | Hospice Services |
| 37 | Nurse Practitioner – Midwife |
| 38 | Nurse Practitioner – Other |
| 39 | Private Duty Nursing |
| 40 | Christian Science Practitioner |
| 41 | HCBCS Waivers |

Appendix C: HCFA (64 and 37) Category of Service

Table C.1 – HCFA (64 and 37) Category of Service

| Code | Description | |
|------|---|---|
| 1 | Inpatient Hospital | |
| | A | Regular Payments |
| | B | DSH Adjustment Payments |
| 2 | Mental Health Facility Services | |
| | A | Regular Payments |
| | B | DSH Adjustment Payments |
| 3 | Nursing Facility Services | |
| 4 | Intermediate Care Facility Services Mentally Retarded | |
| | A | Public Providers |
| | B | Private Providers |
| 5 | Physician's Services | |
| 6 | Outpatient Hospital Services | |
| 7 | Prescribed Drugs | |
| | 7A | Drugs Rebate Offset |
| | A1 | National Agreement |
| | A2 | State Sidebar Agreement |
| 8 | Dental Services | |
| 9 | Other Practitioner's Service | |
| 10 | Clinic Services | |
| 11 | Laboratory and Radiological Services | |
| 12 | Home Health Services | |
| 13 | Sterilizations | |
| 14 | Abortions | |
| 15 | EPSDT Screening Services | |
| 16 | Rural Health Clinics | |
| 17 | Medicare Health Insurance Payments | |
| | A | Part A Premiums |
| | B | Part B Premiums |
| | C1 | Qual Individuals – 120%-134% of Poverty |
| | C2 | Qual Individuals – 135%-175% of Poverty |
| | D | Coinsurance and Deductibles |
| 18 | Medicaid Health Insurance Payments | |

Table C.1 – HCFA (64 and 37) Category of Service

| Code | Description | |
|------|---|-----------------------------|
| | A | MCOs |
| | B | Prepaid Health Plans (PHPs) |
| | C | Group Health Plans |
| | D | Coinsurance and Deductibles |
| | E | Other |
| 19 | Home and Community-Based Services | |
| 20 | Home and Community-Based Care for Functionally Disabled Elderly | |
| 21 | Community Supported Living Arrangements | |
| 22 | Programs of All Inclusive Care Elderly (PACE) | |
| 23 | Personal Care | |
| 24 | Targeted Case Management Services | |
| 25 | Primary Care Case Management | |
| 26 | Hospice Benefits | |
| 27 | Emergency Services – Undocumented Aliens | |
| 28 | Federally Qualified Health Center | |
| 29 | Other Care Services | |
| 30 | Total (All) | |

Appendix D: Category of Service Conversion

Table D.1 – Category of Service Conversion

| State Category of Service | | | | Federal (2082) Category of Service |
|---------------------------|--|----|---------------|---|
| 1 | Inpatient Services (includes X-ray, lab, all services) | | | 02. Inpatient Hospital Services |
| 2 | Inpatient Psychiatric Services | | | |
| | 2 | 10 | State | |
| | | 2 | 11 Child | 05. Inpatient Psychiatric Services Age 0 – 21 |
| | | 2 | 12 Adult | 02. Inpatient Hospital Services |
| | | 2 | 13 Aged | 03. Mental Hospital Services for the Aged |
| | 2 | 20 | Private | |
| | | 2 | 21 Child | 05. Inpatient Psychiatric Services Age 0 – 21 |
| | | 2 | 22 Adult | 02. Inpatient Hospital Services |
| | | 2 | 23 Aged | 03. Mental Hospital Services for the Aged |
| 3 | Outpatient Services | | | 12. Outpatient Hospital Services |
| | 3 | 10 | Emergency | |
| | 3 | 20 | non-emergency | |
| 4 | Capitated Services – Risk Based Premiums | | | 20. Other Care |
| 5 | Targeted Case Management Services | | | 20. Other Care |
| 6 | Physician Services (including other practitioners) | | | 09. Physicians Services (excluding other practitioners) |
| | | | | exclude: |
| | | | | 11. Other Practitioners Services |
| | | | | provider types 09 and 10 |
| | | | | 13. Clinic Services |
| | | | | provider type 08 spec 080,082,084,085 |
| | | | | 15. Family Planning Services |
| | | | | provider type 08 spec 083 |
| | | | | family planning procedure codes |
| | | | | 18. Early and Periodic Screening |
| | | | | procedure codes: W6510 – W6612 |
| | | | | 19. Rural Health Clinic Services |
| | | | | provider type 08 spec 081 |
| 7 | Prescribed Drugs Services | | | 17. Prescribed Drugs |
| | 7 | 10 | Pharmacy | exclude: |
| | | 7 | 11 Legend | 15. Family Planning Services |

Table D.1 – Category of Service Conversion

| State Category of Service | | | | Federal (2082) Category of Service |
|---------------------------|--|----|------------------------------------|---|
| | 7 | 12 | non-legend | family planning NDCs |
| | 7 | 20 | physician-dispensed legend (MD/DO) | |
| | 7 | 30 | dentist-dispensed legend | |
| | 7 | 40 | chiropractor-dispensed legend | |
| | 7 | 50 | podiatrist-dispensed legend | |
| | 7 | 60 | optometrist-dispensed legend | |
| | 7 | 90 | Else | |
| 8 | Medical Supply Services | | | 20. Other Care |
| | 8 | 1 | pharmacy-dispensed | |
| | 8 | 2 | supplier-dispensed | |
| 9 | Durable Medical Equipment Services | | | 20. Other Care |
| | 9 | 1 | pharmacy-dispensed | |
| | 9 | 2 | supplier-dispensed | |
| | 9 | 3 | chiropractor-dispensed | |
| 10 | Prosthetic/Orthotic Services | | | 20. Other Care |
| 11 | Lab (physician and independent lab only) | | | 16. Lab and X-ray Services |
| 12 | X-ray (physician and independent radiology only) | | | 16. Lab and X-ray Services |
| 13 | Transportation Services | | | 20. Other Care |
| | 13 | 1 | emergency ambulance | |
| | 13 | 2 | non-emergency ambulance | |
| | 13 | 3 | other ambulance | |
| | 13 | 4 | wheelchair van | |
| | 13 | 5 | Taxi | |
| | 13 | 6 | commercial ambulatory | |
| | 13 | 7 | family member transportation | |
| | 13 | 90 | Else | |
| 14 | Nursing Home Services | | | |
| | 14 | 1 | Intermediate | 07. ICF Services – all other |
| | 14 | 2 | Skilled | 08. SNF Services |
| | | | | exclude: |
| | | | | 04. SNF/ICF Mental Health Services for the Aged (defined as: age: 65 +) |
| 15 | ICF-MR Services | | | 06. ICF services for the mentally retarded |

Table D.1 – Category of Service Conversion

| State Category of Service | | | | | Federal (2082) Category of Service |
|---------------------------|--|----|--------------------|--------|------------------------------------|
| | 15 | 1 | small group | 8 bed | |
| | 15 | 2 | large private | 16 bed | |
| | 15 | 3 | State | | |
| | 15 | 90 | Else | | |
| 16 | Home Health Services | | | | 14. Home Health Services |
| 17 | *** open | | | | |
| 18 | Hospice Services | | | | 12. Outpatient Hospital Services |
| 19 | *** open | | | | |
| 20 | Therapy Services | | | | 11. Other Practitioners Services |
| | 20 | 10 | physical therapist | | include: provider type 31 |
| | 20 | 11 | | | spec 336 |
| | | | | | exclude: 09. Physicians Services |
| | 20 | 13 | Physician | | provider type 31 |
| | 20 | 14 | Chiropractor | | spec exclude: 333, 336, 339, 341 |
| | 20 | 19 | Else | | 13. Clinic Services |
| | 20 | 20 | Speech | | provider type 08 |
| | 20 | 21 | Therapist | | spec 087 |
| | 20 | 23 | Physician | | |
| | 20 | 29 | Else | | |
| | 20 | 30 | Occupational | | |
| | 20 | 31 | Therapist | | |
| | 20 | 33 | Physician | | |
| | 20 | 39 | Else | | |
| | 20 | 40 | respiratory | | |
| | 20 | 41 | Therapist | | |
| | 20 | 43 | Physician | | |
| | 20 | 49 | Else | | |
| | 20 | 50 | Audiology | | |
| | 20 | 51 | Therapist | | |
| | 20 | 53 | Physician | | |
| | 20 | 59 | Else | | |
| 21 | Outpatient Rehab Services | | | | 12. Outpatient Hospital Services |
| 22 | Mental Health Services (includes psychiatrists and all MH providers) | | | | 11. Other Practitioners |

Table D.1 – Category of Service Conversion

| State Category of Service | | | Federal (2082) Category of Service |
|---------------------------|--|---------------------------|------------------------------------|
| 23 | Dental Services | | 10. Dental Services |
| 23 | 10 | Child | |
| 23 | 11 | preventive and diagnostic | |
| 23 | 12 | Restorative | |
| 23 | 13 | oral surgery | |
| 23 | 14 | Orthodontia | |
| 23 | 15 | dentures and prosthetics | |
| 23 | 16 | Endodontics | |
| 23 | 17 | Periodontics | |
| 23 | 18 | Other | |
| 23 | 20 | Adult | |
| 23 | 21 | preventive and diagnostic | |
| 23 | 22 | Restorative | |
| 23 | 23 | oral surgery | |
| 23 | 24 | Orthodontia | |
| 23 | 25 | dentures and prosthetics | |
| 23 | 26 | Endodontics | |
| 23 | 27 | Periodontics | |
| 23 | 28 | Other | |
| 23 | 90 | Else | |
| 24 | Chiropractic Service (physical therapy not included) | | 11. Other Practitioners Services |
| 25 | Podiatrist services | | 11. Other Practitioners Services |
| 26 | Eye Care and Exams | | 11. Other Practitioners Services |
| 26 | 1 | eye exams | |
| 26 | 2 | other eye care | |
| 27 | Eyewear | | 20. Other Care |
| 27 | 1 | Eyeglasses | |
| 27 | 2 | Contacts | |
| 27 | 90 | Else | |
| 28 | Dialysis Services | | 12. Outpatient Hospital Services |
| 29 | School Corporation Services | | 20. Other Care |
| 30 | ***open | | |
| 31 | Health Insurance payments | | 20. Other Care |

Table D.1 – Category of Service Conversion

| State Category of Service | | | | Federal (2082) Category of Service |
|---------------------------|--------------------------------------|----|--|------------------------------------|
| | 31 | 1 | Physician | |
| | 31 | 2 | Drug | |
| | 31 | 3 | inpatient hospital | |
| | 31 | 4 | long term care | |
| | 31 | 5 | buy-in part A | |
| | 31 | 6 | buy-in part B | |
| | 31 | 7 | Other | |
| 32 | Non-Specific Financial Transactions | | | 20. Other Care |
| 33 | Waiver Services | | | 20. Other Care |
| | 33 | 1 | aged and disabled waiver | |
| | 33 | 2 | autism waiver | |
| | 33 | 3 | ICF/MR developmentally disabled waiver | |
| | 33 | 4 | OBRA home care based services waiver | |
| | 33 | 5 | medically fragile children's services waiver | |
| | 33 | 90 | Else | |
| 34 | MRT Exams (Disability Determination) | | | not used |
| 35 | Native American Health Services | | | not used |
| 90 | Default | | | 20. Other Care |
| 99 | Unknown | | | 20. Other Care |
| 0 | ALL | | | 01. Total |

Appendix E: State to Federal Conversion

Table E.1 – State to Federal

| State Category of Service | | | | Federal (2082) Category of Service | |
|---------------------------|--|----|------------------------------------|------------------------------------|---|
| 01 | Inpatient Services (includes X-ray, lab, all services) | | | 02 | Inpatient Hospital Services |
| 02 | Inpatient Psychiatric Services | | | | |
| | 02 | 10 | State | | |
| | 02 | 11 | Child | 05 | Inpatient Psychiatric Services Age 0 – 21 |
| | 02 | 12 | Adult | 02 | Inpatient Hospital Services |
| | 02 | 13 | Aged | 03 | Mental Hospital Services for the Aged |
| | 02 | 20 | Private | | |
| | 02 | 21 | Child | 05 | Inpatient Psychiatric Services Age 0 – 21 |
| | 02 | 22 | Adult | 02 | Inpatient Hospital Services |
| | 02 | 23 | Aged | 03 | Mental Hospital Services for the Aged |
| 03 | Outpatient Services | | | 12 | Outpatient Hospital Services |
| | 03 | 10 | Emergency | | |
| | 03 | 20 | non-emergency | | |
| 04 | Capitated Services – Risk Based Premiums | | | 20 | Other Care |
| 05 | Targeted Case Management Services | | | 20 | Other Care |
| 06 | Physician Services (including other practitioners) | | | 09 | Physicians Services (excluding other practitioners) |
| | | | | exclude: | |
| | | | | 11 | Other Practitioners Services provider types 09 and 10 |
| | | | | 13 | Clinic Services provider type 08 spec 080,082,084,085 |
| | | | | 15 | Family Planning Services provider type 08 spec 083, family planning procedure codes |
| | | | | 18 | Early and Periodic Screening procedure codes: W6510 – W6612 |
| | | | | 19 | Rural Health Clinic Services provider type 08 spec 081 |
| 07 | Prescribed Drugs Services | | | 17 | Prescribed Drugs |
| | 07 | 10 | Pharmacy | exclude: | |
| | 07 | 11 | Legend | 15 Family Planning Services, | |
| | 07 | 12 | non-legend | family planning NDCs | |
| | 07 | 20 | physician-dispensed legend (MD/DO) | | |

Table E.1 – State to Federal

| State Category of Service | | | | | Federal (2082) Category of Service | | |
|---------------------------|--|----|-------------------------------|--------|------------------------------------|--|--|
| | 07 | 30 | dentist-dispensed legend | | | | |
| | 07 | 40 | chiropractor-dispensed legend | | | | |
| | 07 | 50 | podiatrist-dispensed legend | | | | |
| | 07 | 60 | optometrist-dispensed legend | | | | |
| | 07 | 90 | Else | | | | |
| 08 | Medical Supply Services | | | | 20 | Other Care | |
| | 08 | 01 | pharmacy-dispensed | | | | |
| | 08 | 02 | supplier-dispensed | | | | |
| 09 | Durable Medical Equipment Services | | | | 20 | Other Care | |
| | 09 | 01 | pharmacy-dispensed | | | | |
| | 09 | 02 | supplier-dispensed | | | | |
| | 09 | 03 | chiropractor-dispensed | | | | |
| 10 | Prosthetic/Orthotic Services | | | | 20 | Other Care | |
| 11 | Lab (physician and independent lab only) | | | | 16 | Lab and X-ray Services | |
| 12 | X-ray (physician and independent radiology only) | | | | 16 | Lab and X-ray Services | |
| 13 | Transportation Services | | | | 20 | Other Care | |
| | 13 | 01 | emergency ambulance | | | | |
| | 13 | 02 | non-emergency ambulance | | | | |
| | 13 | 03 | other ambulance | | | | |
| | 13 | 04 | wheelchair van | | | | |
| | 13 | 05 | Taxi | | | | |
| | 13 | 06 | commercial ambulatory | | | | |
| | 13 | 07 | family member transportation | | | | |
| | 13 | 90 | Else | | | | |
| 14 | Nursing Home Services | | | | | | |
| | 14 | 01 | Intermediate | | 07 | ICF Services – all other | |
| | 14 | 02 | Skilled | | 08 | SNF Services | |
| | | | | | exclude: | 04 | SNF/ICF Mental Health Services for the Aged (defined as: revenue codes: 910 – 919) |
| 15 | ICF-MR Services | | | | 06 | ICF services for the mentally retarded | |
| | 15 | 01 | small group | 8 bed | | | |
| | 15 | 02 | large private | 16 bed | | | |
| | 15 | 03 | State | | | | |

Table E.1 – State to Federal

| State Category of Service | | | | Federal (2082) Category of Service | |
|---------------------------|---------------------------|----|--------------|---|--|
| | 15 | 90 | Else | | |
| 16 | Home Health Services | | | 14 | Home Health Services |
| 17 | *** open | | | | |
| 18 | Hospice Services | | | 12 | Outpatient Hospital Services |
| 19 | *** open | | | | |
| 20 | Therapy Services | | | 11 | Other Practitioners Services |
| | 20 | 10 | physical | include: | provider type 31; spec 336 |
| | 20 | 11 | Therapist | | |
| | | | | exclude: | |
| | | | | 09 | Physicians Services provider type 31; spec exclude: 333, 336, 339, 341 |
| | 20 | 13 | Physician | 13 Clinic Services provider type 08; spec 087 | |
| | 20 | 14 | Chiropractor | | |
| | 20 | 19 | Else | | |
| | 20 | 20 | Speech | | |
| | 20 | 21 | Therapist | | |
| | 20 | 23 | Physician | | |
| | 20 | 29 | Else | | |
| | 20 | 30 | Occupational | | |
| | 20 | 31 | Therapist | | |
| | 20 | 33 | Physician | | |
| | 20 | 39 | Else | | |
| | 20 | 40 | Respiratory | | |
| | 20 | 41 | Therapist | | |
| | 20 | 43 | Physician | | |
| | 20 | 49 | Else | | |
| | 20 | 50 | Audiology | | |
| | 20 | 51 | Therapist | | |
| | 20 | 53 | Physician | | |
| | 20 | 59 | Else | | |
| 21 | Outpatient Rehab Services | | | 12 | Outpatient Hospital Services |
| 22 | Mental Health Services | | | 11 | Other Practitioners Services |
| 23 | Dental Services | | | 10 | Dental Services |
| | 23 | 10 | Child | | |

Table E.1 – State to Federal

| State Category of Service | | | | Federal (2082) Category of Service | |
|---------------------------|--|----|---------------------------|------------------------------------|------------------------------|
| | 23 | 11 | preventive and diagnostic | | |
| | 23 | 12 | Restorative | | |
| | 23 | 13 | oral surgery | | |
| | 23 | 14 | Orthodontia | | |
| | 23 | 15 | dentures and prosthetics | | |
| | 23 | 16 | Endodontics | | |
| | 23 | 17 | Periodontics | | |
| | 23 | 18 | Other | | |
| | 23 | 20 | Adult | | |
| | 23 | 21 | preventive and diagnostic | | |
| | 23 | 22 | Restorative | | |
| | 23 | 23 | oral surgery | | |
| | 23 | 24 | Orthodontia | | |
| | 23 | 25 | dentures and prosthetics | | |
| | 23 | 26 | Endodontics | | |
| | 23 | 27 | Periodontics | | |
| | 23 | 28 | Other | | |
| | 23 | 90 | Else | | |
| 24 | Chiropractic Service (physical therapy not included) | | | 11 | Other Practitioners Services |
| 25 | Podiatrist services | | | 11 | Other Practitioners Services |
| 26 | Eye Care and Exams | | | 11 | Other Practitioners Services |
| | 26 | 01 | eye exams | | |
| | 26 | 02 | other eye care | | |
| 27 | Eyewear | | | 20 | Other Care |
| | 27 | 01 | Eyeglasses | | |
| | 27 | 02 | Contacts | | |
| | 27 | 90 | Else | | |
| 28 | Dialysis Services | | | 12 | Outpatient Hospital Services |
| 29 | School Corporation Services | | | 20 | Other Care |
| 30 | ***open | | | | |
| 31 | Health Insurance payments | | | 20 | Other Care |
| | 31 | 01 | Physician | | |
| | 31 | 02 | Drug | | |

Table E.1 – State to Federal

| State Category of Service | | | | Federal (2082) Category of Service | |
|---------------------------|--------------------------------------|----|--|------------------------------------|------------|
| | 31 | 03 | inpatient hospital | | |
| | 31 | 04 | long term care | | |
| | 31 | 05 | buy-in part A | | |
| | 31 | 06 | buy-in part B | | |
| | 31 | 07 | Other | | |
| 32 | Non-Specific Financial Transactions | | | 20 | Other Care |
| 33 | Waiver Services | | | 20 | Other Care |
| | 33 | 01 | aged and disabled waiver | | |
| | 33 | 02 | autism waiver | | |
| | 33 | 03 | ICF/MR developmentally disabled waiver | | |
| | 33 | 04 | OBRA home care based services waiver | | |
| | 33 | 05 | medically fragile children's services waiver | | |
| | 33 | 90 | Else | | |
| 34 | MRT Exams (Disability Determination) | | | not used | |
| 35 | Native American Health Services | | | not used | |
| 90 | Default | | | 20 | Other Care |
| 99 | Unknown | | | 20 | Other Care |
| 0 | ALL | | | 01 | Total |

Appendix F: Category of Service Conversion – Federal (HCFA37 and 64) to State

Table F.1 – Category of Service Conversion – Federal (HCFA37 and 64) to State

| Line Number | Category | Subcategory | State Category |
|-------------|---|-------------------------|--|
| Line 1: | Inpatient Hospital Services | | |
| | 1A: | Regular Payments | = State Category 01 Inpatient Services Regular Payments |
| | 1B: | DSH Adjustment Payments | = State Category 01 Inpatient Services DSH Adjusted Payment |
| Line 2: | Mental Health Facility Services | | |
| | 2A: | Regular Payments | = State Category 02 Inpatient Psychiatric Services Regular Payments |
| | 2B: | DSH Adjustment Payments | = State Category 02 Inpatient Psychiatric DSH Adjusted Payment |
| Line 3: | Nursing Facility Services | | = State Category 14 Nursing Home Services |
| Line 4: | Intermediate Care Facility Services – Mentally Retarded | | |
| | 4A: | Public Provider | = State Category 15 03 ICF-MR Services – state |
| | 4B: | Private Provider | = State Category 15 01 ICF-MR Service-small group; State Category 15 02 ICF-MR Service-large private |
| Line 5: | Physicians Services | | = State Category 06 Physician Services with provider type 31; specialty 310 – 345 (exclude specialties: 330, 333, 339, 341). |
| Line 6: | Outpatient Hospital Services | | = State Category 03 Outpatient Services; |
| | | | State Category 21 Outpt Rehab Services; |
| | | | State Category 28 Dialysis Services |
| Line 7: | Prescribed Drugs | | = State Category 07 Prescribed Drugs Services |
| Line 7A: | Drugs Rebate Offset | | |
| | 7A1 | National Agreement | = not yet defined |
| | 7A2 | State Sidebar Agreement | = not yet defined |
| Line 8: | Dental Services | | = State Category 23 Dental Services |
| Line 9: | Other Practitioners' Services | | = State Category 06 Physician Services with provider type 09, 10; |
| | | | State Category 20 Therapy Services; |
| | | | State Category 22 Mental Health Services (includes psychiatrist and all |

Table F.1 – Category of Service Conversion – Federal (HCFA37 and 64) to State

| Line Number | Category | Subcategory | State Category |
|-------------|--------------------------------------|-----------------------------------|--|
| | | | Mental Health providers); |
| | | | State Category 24 Chiropractic Services (physical therapy not included); |
| | | | State Category 25 Podiatrist Services; |
| | | | State Category 26 Eye care and Exams |
| Line 10: | Clinic Services | | = State Category 06 Physician Services with provider type 08; specialty 082 – 085 |
| Line 11: | Laboratory and Radiological Services | | = State Category 11 Lab (Phys 1500 and independent lab only); State Category 12 X-ray (Physician and independent lab only) |
| Line 12: | Home Health Services | | = State Category 16 Home Health Services |
| Line 13: | Sterilizations | | = State Category 06 Physician Services with procedure codes: 55250, 55450, 58600, 58605, 58611, 58615, 58982, 58983, X4247, X4248, X4533, X4542, X4562 with diagnosis codes V252 or V615 |
| Line 14: | Abortions | | = State Category 06 Physician Services with procedure code: 59840, 59841, 59100, 59850 – 59852, 59830 |
| Line 15: | EPSDT Services | | = State Category 06 Physician Services with procedure codes: W6510 – W6612 |
| Line 16: | Rural Health Clinic | | = State Category 06 Physician Services with provider type 08 specialty 081 |
| Line 17: | Health Insurance Payments | | |
| | 17A. | Part A Premiums | = State Category 31 05 Health Insurance Payments Buy-In Part A |
| | 17B. | Part B Premiums | = State Category 31 06 Health Insurance Payments Buy-In Part B |
| | 17C1. | Qual Indiv – 120%-134% of Poverty | = not yet determined |
| | 17C2. | Qual Indiv – 135%-175% of Poverty | = not yet determined |
| | 17D. | Coinsurance and Deductibles | = State Category 31 02 Health Insurance Payments Coins & Deductibles |
| Line 18: | Medicaid Health Insurance Payments | | |
| | 18A. | MCOs | = |
| | 18B. | Prepaid Health Plans (PHPs) | = |

Table F.1 – Category of Service Conversion – Federal (HCFA37 and 64) to State

| Line Number | Category | Subcategory | State Category |
|-------------|---|-----------------------------|--|
| | 18C. | Group Health Plan | = State Category 31 03 Health Insurance Payments inpatient hospital; State Category 31 04 Health Insurance Payments Long Term Care |
| | 18D. | Coinsurance and Deductibles | = |
| | 18E. | Other | = State Category 31 03 Health Insurance Payments – Other |
| Line 19: | Home and Community-Based Services | | = State Category 33 01, 33 02, 33 03, and 33 05 waiver services |
| Line 20: | Home and Community-Based Services for Functionally Disabled Elderly | | = n/a |
| Line 21: | Community Supported Living Arrangement | | = non-covered services |
| Line 22: | Programs of All-Inclusive Care Elderly (PACE) | | = |
| Line 23: | Personal Care Services | | = non-covered services |
| Line 24: | Targeted Case Management Services | | = State Category 05 Targeted Case Management Services |
| Line 25: | Primary Care Case Management | | = |
| Line 26: | Hospice Benefits | | = State Category 18 Hospital Services |
| Line 27: | Emergency Services – Undocumented Aliens | | = |
| Line 28: | Federally Qualified Health Center | | = State Category 06 Physician Services with provider type 08 & spec 080 |
| Line 29: | Other Care Services | | = State Category 04 Capitated Services; |
| | | | State Category 08 Medical Supply Services; |
| | | | State Category 09 Durable Medical Equipment Services; |
| | | | State Category 10 Prosthetic/Orthotic services; |
| | | | State Category 13 Transportation Services; |
| | | | State Category 27 Eyewear; |
| | | | State Category 29 School Corporation Services; |
| | | | State Category 32 Non Claim Specific Financial Transaction; |
| | | | State Category 90 Default |
| Line 30: | Total | | = SUM (Line 1 – Line 29) |

Appendix G: State Category of Service Definition

Table G.1 – State Category of Service Definition

| Code | | | | | Description |
|------|---|----|---------|-------|---|
| 01 | Inpatient Services (includes X-ray, lab etc services) | | | | UB92 claim type I |
| | | | | | Crossover claim type A |
| | | | | | bill type 110 – 118 |
| | | | | | provider type 01 provider specialty 010, 012 |
| | | | | | provider type 04 provider specialty 040 |
| 02 | Inpatient Psychiatric Services | | | | UB92 claim type I |
| | | | | | Crossover claim type A |
| | | | | | bill type 110 – 118 |
| | | | | | provider type 01 provider specialty 011 |
| | 02 | 10 | state | | see list of providers (name/number) below |
| | | 02 | 11 | child | age 0 – 20 |
| | | 02 | 12 | adult | age 21 – 64 |
| | | 02 | 13 | aged | age 65 + |
| | 02 | 20 | private | | all providers type 01 specialty 011 |
| | | | | | excluding state psychiatric facilities listed below |
| | 02 | 21 | child | | age 0 – 20 |
| | 02 | 22 | adult | | age 21 – 64 |
| | 02 | 23 | aged | | age 65 + |
| | | | | | State Psychiatric Facilities |
| | | | | | 100273290 Central State Hospital |
| | | | | | 100273150 Logansport State Hospital |
| | | | | | 100273320 Madison State Hospital |
| | | | | | 100273300 Richmond State Hospital |
| | | | | | 100273500 Evansville State Hospital |
| | | | | | 100273120 Evansville Psychiatric |
| | | | | | 100273130 Larue D. Carter |
| 03 | Outpatient Services | | | | UB92 claim type O |
| | | | | | Crossover claim type C |
| | | | | | bill type 130 – 148, 830 – 838 |
| | | | | | provider type 01 provider specialty 010, 012 |
| | | | | | provider type 02 provider specialty 020 |

Table G.1 – State Category of Service Definition

| Code | | | | Description |
|------|--|----|------------------------------|--|
| | | | | provider type 03 provider specialty 030 – 033 |
| | | | | provider type 04 provider specialty 040 |
| | | | | provider type 08 provider specialty 080 – 087 |
| | | | | provider type 17 provider specialty 170 – 173 |
| | 03 | 01 | emergency | emergency diagnosis: emergency indicator on diagnosis file |
| | 03 | 02 | non-emergency | non-emergency diagnosis: no emergency indicator on dx file |
| 04 | Capitated Services – Risk Based Premiums | | | Non-claim specific financial transactions |
| 05 | Targeted Case Management Services | | | HCFA 1500 claim type M |
| | | | | Crossover claim type B |
| | | | | provider type 21 provider specialty 210 – 212 |
| 06 | Physician Services (including other practitioners) | | | |
| | 06 | 10 | PCCM Administrative Fee | Financial Transaction |
| | 06 | 20 | All other physician services | HCFA 1500 claim type M |
| | | | | Crossover claim type B |
| | | | | provider type 02 provider specialty 020 |
| | | | | provider type 08 provider specialty 080 – 085 |
| | | | | provider type 09 provider specialty 090 – 095 |
| | | | | provider type 10 provider specialty 100 – 101 |
| | | | | provider type 13 provider specialty 130 |
| | | | | provider type 16 provider specialty 160 – 162 |
| | | | | provider type 27 provider specialty 270 – 277 |
| | | | | provider type 31 provider specialty 310 – 345 |
| | | | | exclude specialties: 330, 339, 341 |
| | | | | also exclude: |
| | | | | procedure type 15 – Med Supply Codes |
| | | | | procedure type 16 – DME codes |
| | | | | procedure type 17 – Prosthetics/Orthotics |
| | | | | procedure type 18 – Lab codes |
| | | | | procedure type 19 – X-ray codes |
| | | | | procedure types 28-32 – Therapy codes |
| | | | | procedure type 36 – Dialysis codes |
| 07 | Prescribed Drugs Services | | | Pharmacy claim type P any drug NDC |

Table G.1 – State Category of Service Definition

| Code | | | | | Description |
|------|------------------------------------|----|------------------------------------|------------|--|
| | 07 | 10 | pharmacy | | provider type 24 provider specialty 240 |
| | | 07 | 11 | legend | legend NDC |
| | | 07 | 12 | non-legend | non-legend NDC |
| | 07 | 20 | physician-dispensed legend (MD/DO) | | provider type 31 provider specialty 310 – 345 |
| | | | | | provider type 08 provider specialty 080 – 087 |
| | 07 | 30 | dentist-dispensed legend | | provider type 27 provider specialty 270 – 277 |
| | 07 | 40 | chiropractor-dispensed legend | | provider type 15 provider specialty 150 |
| | 07 | 50 | podiatrist-dispensed legend | | provider type 14 provider specialty 140 |
| | 07 | 60 | optometrist-dispensed legend | | provider type 18 provider specialty 180 |
| | 07 | 90 | else | | any drug NDC not included above |
| 08 | Medical Supply Services | | | | HCFA 1500 claim type M |
| | | | | | Crossover claim type B |
| | 08 | 01 | pharmacy-dispensed | | provider type 24 provider specialty 240 |
| | | | | | with procedure type 15 |
| | 08 | 02 | supplier-dispensed | | provider type 22 provider specialty 220 |
| | | | | | provider type 25 provider specialty 250 |
| | | | | | with procedure type 15 |
| | 08 | 90 | else | | any other provider type with procedure type 15 |
| 09 | Durable Medical Equipment Services | | | | HCFA 1500 claim type M |
| | 09 | 01 | pharmacy-dispensed | | provider type 24 provider specialty 240 or 250 |
| | | | | | with procedure type 16 |
| | 09 | 02 | supplier-dispensed | | provider type 25 provider specialty 250 |
| | | | | | with procedure type 16 |
| | 09 | 03 | chiropractor-dispensed | | provider type 15 provider specialty 150 |
| | | | | | with procedure type 16 |
| | 09 | 90 | else | | provider type 25 provider specialty 250 |
| | | | | | excluding procedure type 15 and 16 |
| | | | | | any other provider type with procedure type 16 |
| 10 | Prosthetic/Orthotic services | | | | HCFA 1500 claim type M |
| | | | | | Crossover claim type B |
| | | | | | procedure type 17 |

Table G.1 – State Category of Service Definition

| Code | | | | Description |
|------|-------------------------|----|-------------------------|---|
| 11 | Lab (HCFA 1500 only) | | | HCFA 1500 claim type M |
| | | | | Crossover claim type B |
| | | | | provider type 28 specialty 280 |
| | | | | or any provider type/specialty |
| | | | | procedure type 18 |
| 12 | X-ray (HCFA 1500 only) | | | HCFA 1500 claim type M |
| | | | | Crossover claim type B |
| | | | | provider type 31 specialty 341 |
| | | | | provider type 29 specialties 290-291 |
| | | | | or any provider type/specialty |
| | | | | procedure type 19 |
| 13 | Transportation Services | | | HCFA 1500 claim type M |
| | | | | Crossover claim type B |
| | | | | provider type 26 |
| | 13 | 01 | emergency ambulance | provider specialty 260 |
| | | | | or any other provider type and specialty |
| | | | | with codes: A0010, A0020 |
| | | | | or procedure type 20, 21 with emergency indicator 'Y' on detail |
| | 13 | 02 | non-emergency ambulance | provider specialty 260 |
| | | | | or any other provider type and specialty |
| | | | | with codes: A0021, A0060 |
| | | | | or procedure type 20, 21 with emergency indicator 'N' on detail |
| | 13 | 03 | other ambulance | provider specialty 261 any service |
| | | | | or any other provider type and specialty |
| | | | | procedure type 22 |
| | 13 | 04 | wheelchair van | provider specialty 265 any service |
| | | | | or any other provider type and specialty |
| | | | | procedure type 23 |
| | 13 | 05 | taxi | provider specialty 263 any service |
| | | | | or any other provider type and specialty |
| | | | | procedure type 24 |
| | 13 | 06 | commercial ambulatory | provider specialty 262, 264 any service |

Table G.1 – State Category of Service Definition

| Code | | | | | Description |
|------|-----------------------|----|------------------------------|--------|---|
| | | | | | or any other provider type and specialty |
| | | | | | procedure type 25 |
| | 13 | 07 | family member transportation | | provider specialty 266 any service |
| | | | | | or any other provider type and specialty |
| | | | | | procedure type 26 |
| | 13 | 90 | else | | any provider type and specialty |
| | | | | | procedure type 27 |
| | | | | | and provider type 26 specialty 260 |
| | | | | | any other procedure codes billed |
| 14 | Nursing Home Services | | | | UB92 claim type L |
| | | | | | bill type 210 – 218, 650 – 658 |
| | | | | | Crossover claim type A |
| | | | | | Crossover claim type C |
| | 14 | 01 | intermediate | | bill type 650 – 658 |
| | 14 | 02 | skilled | | bill type 210 – 218 |
| 15 | ICF-MR Services | | | | UB92 claim type L |
| | | | | | Crossover claim type A |
| | | | | | Crossover claim type C |
| | 15 | 01 | small group | 8 bed | bill type 660 – 678 |
| | | | | | provider type 03 provider specialty 033 |
| | 15 | 02 | large private | 16 bed | bill type 660 – 678 |
| | | | | | provider type 03 provider specialty 031 |
| | 15 | 03 | state | | bill type 660 – 678 |
| | | | | | 100271910 Central State Hospital |
| | | | | | 100271930 Northern Indiana State Developmental Center |
| | | | | | 100272000 New Castle State Developmental Center |
| | | | | | 100272090 Evansville State Hospital – Evansville |
| | | | | | 100271890 Ft Wayne Developmental Center |
| | | | | | 100271950 Muscatatuck |
| | | | | | 100272040 Logansport |
| | | | | | 100272180 Madison State Hospital – ICF/MR |

Table G.1 – State Category of Service Definition

| Code | | | | | Description | |
|------|----------------------|----|--------------|--------------|---|---------------------------------------|
| | 15 | 90 | else | | bill type 660 – 678 | any other provider type and specialty |
| 16 | Home Health Services | | | | UB92 claim type H | HCFA 1500 claim type M |
| | | | | | Crossover claim type A | Crossover claim type B |
| | | | | | bill type 330 – 348 | |
| | | | | | provider type 05 provider specialty 050 | |
| 17 | ***open | | | | | |
| 18 | Hospice Services | | | | UB92 claim type O | |
| | | | | | bill type 810 – 828 | |
| | | | | | Crossover claim type C | |
| 19 | *** open | | | | | |
| 20 | Therapy Services | | | | HCFA 1500 claim type M | |
| | | | | | Crossover claim type B | |
| | 20 | 10 | physical | | | |
| | | 20 | 11 | therapist | provider type 17 provider specialty 170 | |
| | | 20 | 13 | physician | provider type 31 provider specialty 310 – 345 | |
| | | | | | procedure type 28 | |
| | | 20 | 14 | chiropractor | provider type 15 provider specialty 150 | |
| | | | | | procedure type 28 | |
| | | 20 | 19 | else | any other provider type | |
| | | | | | procedure type 28 | |
| | 20 | 20 | speech | | | |
| | | 20 | 21 | therapist | provider type 17 provider specialty 173 | |
| | | | | | procedure type 29 | |
| | | 20 | 23 | physician | provider type 31 provider specialty 310 – 345 | |
| | | | | | procedure type 29 | |
| | | 20 | 29 | else | any other provider types | |
| | | | | | procedure type 29 | |
| | 20 | 30 | occupational | | | |
| | | 20 | 31 | therapist | provider type 17 provider specialty 171 | |
| | | 20 | 33 | physician | provider type 31 provider specialty 310 – 345 | |
| | | | | | procedure type 30 | |
| | | 20 | 34 | else | any other provider type | |
| | | | | | procedure type 30 | |

Table G.1 – State Category of Service Definition

| Code | | | | | Description |
|------|--|----|------------------------------|-------------|--|
| | 20 | 40 | respiratory | | |
| | | 20 | 41 | therapist | provider type 17 provider specialty 172 |
| | | 20 | 43 | physician | provider type 31 provider specialty 310 – 345 |
| | | | | | procedure type 31 |
| | | 20 | 49 | else | any other provider type: |
| | | | | | procedure type 31 |
| | 20 | 50 | audiology | | |
| | | 20 | 51 | therapist | provider type 17 provider specialty 173 |
| | | | | | procedure type 32 |
| | | 20 | 52 | audiologist | provider type 20 provider specialty 200 |
| | | 20 | 53 | physician | provider type 31 provider specialty 310 – 345 |
| | | | | | procedure type 32 |
| | | 20 | 59 | else | any other provider type |
| | | | | | procedure type 32 |
| 21 | Outpatient Rehab Services | | | | UB92 claim type O |
| | | | | | Crossover claim type C |
| | | | | | bill type 740 – 758 |
| | | | | | HCFA 1500 claim type M |
| | | | | | Crossover claim type B |
| | | | | | provider type 04 provider specialty 040 |
| 22 | Mental Health Services (includes psychiatrists and all MH providers) | | | | |
| | 22 | 01 | Mental Health Rehabilitation | | HCFA 1500 Claim type M |
| | | | | | Crossover claim type B |
| | | | | | procedure type 50 |
| | 22 | 02 | Other Mental Health Services | | HCFA 1500 Claim type M |
| | | | | | Crossover claim type B |
| | | | | | UB92 Claim type O |
| | | | | | Crossover Claim type C |
| | | | | | provider type 01 provider specialty 011 |
| | | | | | bill type 130-148, 830-838 (with UB92 claim types) |
| | | | | | provider type 08 provider specialty 087 |
| | | | | | provider type 31 provider specialty 339 |
| | | | | | provider type 11 provider specialty 110 – 117 |
| | | | | | exclude procedure type 50 |

Table G.1 – State Category of Service Definition

| Code | | | | | Description |
|------|--|----|-------|---------------------------|--|
| 23 | Dental Services | | | | Dental claim type D |
| | | | | | provider type 27 provider specialty 270 – 277 |
| | | | | | provider type 08 provider specialty 086 |
| | 23 | 10 | child | | age 0 – 20 |
| | | 23 | 11 | preventive and diagnostic | codes: D0100 – D1999 |
| | | 23 | 12 | restorative | D2000 – D2999 |
| | | 23 | 13 | oral surgery | D7000 – D7999 |
| | | 23 | 14 | orthodontia | D8000 – D8999 |
| | | 23 | 15 | dentures and prosthetics | D5000 – D6999 |
| | | 23 | 16 | endodontics | D3000 – D3999 |
| | | 23 | 17 | periodontics | D4000 – D4999 |
| | | 23 | 18 | other | D9000 – D9999 |
| | 23 | 20 | adult | | age 21 + |
| | | 23 | 21 | preventive and diagnostic | codes: D0100 – D1999 |
| | | 23 | 22 | restorative | D2000 – D2999 |
| | | 23 | 23 | oral surgery | D7000 – D7999 |
| | | 23 | 24 | orthodontia | D8000 – D8999 |
| | | 23 | 25 | dentures and prosthetics | D5000 – D6999 |
| | | 23 | 26 | endodontics | D3000 – D3999 |
| | | 23 | 27 | periodontics | D4000 – D4999 |
| | | 23 | 28 | other | D9000 – D9999 |
| | 23 | 90 | else | | default |
| 24 | Chiropractic Service (physical therapy not included) | | | | HCFA 1500 claim type M |
| | | | | | Crossover claim type B |
| | | | | | provider type 15 provider specialty 150 |
| | | | | | exclude: |
| | | | | | procedure types: 15, 16, 17, 18, 19, 28-32, 36 |
| 25 | Podiatrist services | | | | HCFA 1500 claim type M |
| | | | | | Crossover claim type B |
| | | | | | provider type 14 provider specialty 140 |
| | | | | | exclude: |
| | | | | | procedure types: 15, 16, 17, 18, 19, 28-32, 36 |
| 26 | Eye Care and Exams | | | | HCFA 1500 claim type M |

Table G.1 – State Category of Service Definition

| Code | | | | Description |
|------|-----------------------------|----|--------------------|---|
| | | | | Crossover claim type B |
| | | | | provider type 18 provider specialty 180 |
| | | | | provider type 31 provider specialty 330 |
| | 26 | 01 | eye exams | procedure type 33 |
| | 26 | 02 | other eye care | provider type 18 provider specialty 180 |
| | | | | provider type 31 provider specialty 330 |
| | | | | exclude procedure types 33, 34, 35 |
| 27 | Eyewear | | | HCFA 1500 claim type M |
| | | | | Crossover claim type B |
| | | | | provider type 18 provider specialty 180 |
| | | | | provider type 19 provider specialty 190 |
| | | | | provider type 31 provider specialty 330 |
| | 27 | 01 | eyeglasses | procedure type 34 |
| | 27 | 02 | contacts | procedure type 35 |
| | 27 | 90 | else | provider type 19 provider specialty 190 |
| | | | | exclude procedure types 33, 34, 35 |
| 28 | Dialysis Services | | | UB92 claim type O |
| | | | | Crossover claim type C |
| | | | | bill type 131 – 148, 720 – 728 |
| | | | | provider type 30 provider specialty 300 |
| | | | | HCFA 1500 claim type M |
| | | | | Crossover claim type B |
| | | | | procedure type 36 |
| 29 | School Corporation Services | | | HCFA 1500 claim type M |
| | | | | Crossover claim type B |
| | | | | provider type 12 provider specialty 120 |
| 30 | ***open | | | |
| 31 | Health Insurance Payments | | | Non-claim specific payments |
| | 31 | 01 | physician | |
| | 31 | 02 | drug | |
| | 31 | 03 | inpatient hospital | |
| | 31 | 04 | long term care | |
| | 31 | 05 | buy-in part A | |
| | 31 | 06 | buy-in part B | |

Table G.1 – State Category of Service Definition

| Code | | | | Description |
|------|--------------------------------------|----|--|--|
| | 31 | 07 | other | |
| 32 | Non-Specific Financial Transactions | | | Region 60 transactions |
| 33 | Waiver Services | | | HCFA 1500 claim type M |
| | | | | provider type 32 provider specialty 350 – 355 |
| | 33 | 01 | aged and disabled waiver | with recipient level of care: A through H |
| | 33 | 02 | autistic waiver | with recipient level of care: P through Q |
| | 33 | 03 | ICF/MR developmentally disabled waiver | with recipient level of care: T, U, V and W |
| | 33 | 04 | OBRA home care based services waiver | with recipient level of care: W (phased into ICF/MR 1995) |
| | 33 | 05 | medically fragile childrens waiver | with recipient level of care: J, X, Y and Z |
| 34 | MRT Exams (Disability Determination) | | | Not used. |
| 35 | Native American Health Services | | | Not used. |
| 90 | Default | | | dietitian HCFA 1500 claim type M provider type 23 provider specialty 230 |
| 99 | Unknown | | | Includes claims denied with no provider type, provider specialty |
| | 99 | 10 | | HCFA 1500 unknown or invalid claims |
| | 99 | 20 | | UB92 unknown or invalid claims |

Appendix H: State Aid Category

- Aged
- Blind
- Disabled
- Healthwise Child
- Healthwise Adult
- Other Child
- Other Adult
- All
- Unknown: When program codes CSHCS and 590 Prison are selected, the State aid category is unknown because programs are not aid category specific.

Appendix I: Federal Aid Category

- Aged
- Blind/Disabled
- AFDC or Poverty Child
- AFDC or Poverty Adult
- AFDC, U Child
- AFDC, U Adult
- Foster Care Child

Appendix J: ICES Aid Category

Table J.1 – ICES Aid Category

| Code | Category |
|------|---|
| MA A | Aged Medicaid |
| MA B | Blind Medicaid |
| MA C | ADC Related Medicaid |
| MA D | Disabled Medicaid |
| MA E | Extended Medicaid for Pregnant Women |
| MA F | Transitional Medical Assistance (TMA) |
| MA G | Qualified Disabled Worker (QDW) |
| MA H | ADC Related Medicaid for Deemed Income |
| MA I | Qualified Individual 1 |
| MA J | Specified Low Income Medicare Beneficiary |
| MA K | Qualified Individual 2 |
| MA L | Qualified Medicare Beneficiary |
| MA M | Full-Range Medicaid for Pregnant Women |
| MA N | Limited Medicaid for Pregnant Women |
| MA O | ADC Related for Institutional Child |
| MA P | Medicaid for Pregnant Recipients Not Eligible Due to Increased Income |
| MA Q | Refugee Medical Assistance |
| MA R | RBA Related Medicaid |
| MA S | ADC Related Medicaid for Sibling Income |
| MA T | ADC Related Medicaid for Children 18 – 20 |
| MA U | ADC Related Medicaid for SSI Receipt |
| MA X | Medicaid for Newborns |
| MA Y | Medicaid for Children Under 1 |
| MA Z | Medicaid for Children Under 6 |
| MA 1 | Medicaid for Children Under 19 |
| MA 2 | Medicaid for Children Age 6 – 19 |
| MA 3 | Medicaid for Wards |
| MA 4 | Medicaid for IV-E Foster Children |
| MA 5 | ARCH for Aged |
| MA 6 | ARCH for Blind |
| MA 7 | ARCH for Disabled |
| MA 8 | Medicaid for IV-E Adoption |

Table J.1 – ICES Aid Category

| Code | Category |
|------|---|
| MA 9 | Children age 1-19, up to 150 % poverty |
| MAAP | Aged Refugee |
| MABP | Blind Refugee |
| MACP | AFDC Related Refugee |
| MADP | Disabled Refugee |
| MAFP | TMA Refugee |
| MAGP | QDW Refugee |
| MAHP | ADC Refugee |
| MALP | QMB Refugee |
| MAMP | Full-Range for Pregnant Woman Refugee |
| MANP | Limited Range for Pregnant Woman Refugee |
| MAOP | ADC Related for Institutional Child Refugee |
| MAPP | MA P for Refugee |
| MARP | RBA Related Refugee |
| MASP | MA S Refugee |
| MATP | MA T Refugee |
| MAUP | MA U Refugee |
| MAXP | Newborns Refugee |
| MAYP | Children Under 1 Refugee |
| MAZP | Children Under 6 Refugee |
| MA1P | Children Under 19 Refugee |
| MA2P | Children 6 – 19 Refugee |
| MA3P | Wards Refugee |
| MA4P | Medicaid for Foster Children Refugee |
| MA5P | ARCH for Aged Refugee |
| MA6P | ARCH for Blind Refugee |
| MA7P | ARCH for Disabled Refugee |
| MA8P | Medicaid for Adoption Refugee |
| ALL | |

Appendix K:Aid Category Conversion – ICES to State

Table K.1 – Aid Category Conversion – ICES to State

| State Aid Categories | | | | | | | |
|----------------------|-----------------|-------|----------------|------------------|------------------|------------------|-----------------|
| | Aged | Blind | Disabled | HealthWise Child | HealthWise Adult | Other Child | Other Adult |
| I | MA A | MA B | MA D | MA C (Age 0-20) | MA C (Age 21+) | MA F (Age 0-20) | MA F (Age 21+) |
| C | MA J (Age 65+) | MA 6 | MA G | MA H (Age 0-20) | MA H (Age 21+) | MA O | MA J |
| E | MA L (Age 65+) | MA BP | MA J (Age<65) | MA S (Age 0-20) | MA S (Age 21+) | MA Q (Age 0-20) | MA Q (Age 21+) |
| S | MA R (Age 65+) | MA 6P | MA L (Age<65) | MA T | MA E | MA U (Age 0-20) | MA U (Age 21+) |
| | MA 5 | | MA R (Age<65) | MA X | MA M | MA 3 | MA MP |
| C | MA AP | | MA 7 | MA Y | MA N | MA 4 | MA NP |
| A | MA LP (Age 65+) | | MA DP | MA Z | MA P | MA 8 | MA CP (Age 21+) |
| T | MA RP (Age 65+) | | MA GP | MA 1 | | MA CP (Age 0-20) | MA FP (Age 21+) |
| E | MA 5P | | MA LP (Age<65) | MA 2 | | MA FP (Age 0-20) | MA HP (Age 21+) |
| G | | | MA RP (Age<65) | | | MA HP (Age 0-20) | MA SP (Age 21+) |
| O | | | MA 7P | | | MA OP | MA UP (Age 21+) |
| R | | | | | | MA SP (Age 0-20) | MA PP |
| I | | | | | | MA TP | |
| S | | | | | | MA UP (Age 0-20) | |
| | | | | | | MA XP | |
| | | | | | | MA YP | |
| | | | | | | MA ZP | |
| | | | | | | MA 1P | |
| | | | | | | MA 2P | |
| | | | | | | MA 3P | |

Table K.1 – Aid Category Conversion – ICES to State

| State Aid Categories | | | | | | | |
|----------------------|------|-------|----------|------------------|------------------|-------------|-------------|
| | Aged | Blind | Disabled | HealthWise Child | HealthWise Adult | Other Child | Other Adult |
| | | | | | | MA 4P | |
| | | | | | | MA 8P | |

Appendix L: Aid Category Conversion – ICES to Federal

Table L.1 – Aid Category Conversion – ICES to Federal

| Aid Category | | | | | | | |
|--------------|------------|-------|------------|------------------|----------------|---------------|----------------|
| Federal | Aged | Blind | Disabled | AFDC | | SOBRA | |
| | | | | Child | Adult | Child | Adult |
| | | | | (DEFRA included) | | | |
| | | | | Age 0-20 only | Age 21-64 only | Age 0-20 only | Age 21-64 only |
| ICES | MA A | MA B | MA D | MA C | MA C | | |
| | | | MA G | | MA E | | |
| | MA J | | MA J | MA F | MA F | | |
| | (Age 65 +) | | (Age 64 -) | MA H | MA H | | |
| | MA L | | MA L | | | | |
| | (Age 65 +) | | (Age 64 -) | | MA M | | |
| | | | | | | | MA N |
| | | | | MA O | | | |
| | | | | | | | MA P |
| | | | | MA Q | MA Q | | |
| | MA R | | MA R | MA S | MA S | | |
| | (Age 65 +) | | (Age 64 -) | MA T | | | |
| | | | | MA U | MA U | | |
| | | | | MA X | | | |
| | | | | MA Y | | | |
| | | | | | | MA Z | |
| | | | | MA 1 | | | |
| | | | | MA 2 | | | |
| | | | | MA 3 | | | |
| | | | | MA 4 | | | |
| | MA 5 | MA 6 | MA 7 | MA 8 | | | |
| | MA AP | MA BP | MA DP | MA CP | MA CP | | |
| | | | MA GP | MA FP | MA FP | | |
| | | | | MA HP | MA HP | | |
| | MA LP | | MA LP | | | | |
| | (Age 65 +) | | (Age 64 -) | | MA MP | | |

Table L.1 – Aid Category Conversion – ICES to Federal

| Aid Category | | | | | | | |
|--------------|-------------|--------------|--|-------------|-------|-------------|--------------|
| Federal | Aged | Blind | Disabled | AFDC | | SOBRA | |
| | | | | Child | Adult | Child | Adult |
| | | | | | | | MA NP |
| | | | | MA OP | | | MA PP |
| | MA RP | | MA RP | MA SP | MA SP | | |
| | (Age 65 +) | | (Age 64 -) | MA TP | | | |
| | | | | MA UP | MA UP | | Presumptive |
| | | | | MA XP | | | Eligibility |
| | | | | MA YP | | | Renamed: |
| | | | | | | MA ZP | Limited Care |
| | | | | MA 1P | | | For Pregnant |
| | | | | MA 2P | | | Women |
| | | | | MA 3P | | | MA N |
| | | | | MA 4P | | | MA NP |
| | MA 5P | MA 6P | MA 7P | MA 8P | | | |
| Other | DEFRA-Child | DEFRA-Mother | CHINS | Delinquents | Wards | AFDC-UP | |
| | | | | | | Child | Adult |
| | | | | | | (Age 0-20) | (Age 21-64) |
| ICES | MA X | MA E | MA 3 | MA 3 | MA 3 | MA C | MA C |
| | MA Y | MA M | MA 3P | | MA 3P | MA F | MA F |
| | MA 1 | MA MP | | | | MA CP | MA CP |
| | MA 2 | | ICES provides an indicator to separate | | | MA FP | MA FP |
| | MA XP | | CHINS and delinquents in wards | | | MA HP | MA HP |
| | MA YP | | | | | | |
| | MA 1P | | | | | | |
| | MA 2P | | | | | | |

Appendix M:Aid Category Conversion – ICES to Federal (HCFA37)

Line 1: Blind and Disabled

Total average number of eligible recipients with aid category B, D, G, 6, 7, BP, DP, GP, 6P, or 7P, or L, R, LP, RP and the age is ≤ 64 .

Line 2: Aged 65 and Over

a. QMBs Only

Total average number of eligible recipients with aid category L or LP, RP and the age is ≥ 65 .

b. Other Aged

Total average number of eligible recipients with aid category A, 5, AP or 5P, or J, R, RP and the age is ≥ 65 .

Line 3: Other Adults (Non-Disabled/Non-Aged)

a. Pregnancy Benefit Adults

Total average number of eligible recipients with aid category N, P, NP or PP.

b. Other Adults

Total average number of eligible recipients with aid category E, M or MP, or J, C, F, H, Q, S, U, CP, FP, HP, SP, UP and the age is ≥ 21 and age ≤ 64).

Line 4: Non-Disabled Children

a. Age Less Than 1 Year

Total average number of eligible recipients with aid category X, Y, 1, 3, 4, 8, O, C, F, H, Q, S, U, J, XP, YP, 1P, 3P, 4P, 8P, OP, CP, FP, HP, SP, UP and the age is < 1.

b. Age 1 To 5

Total average number of eligible recipients with aid category 1, 2, 3, 4, 8, C, F, H, J, O, Q, S, T, U, X, Y, Z, 1P, 2P, 3P, 4P, 8P, CP, FP, HP, OP, SP, TP, UP, XP, YP, ZP and age >= 1 and the age is <= 5.

c. Other Children

Total average number of eligible recipients with aid category 1, 2, 3, 4, 8, C, F, H, J, O, Q, S, T, U, 1P, 2P, 3P, 4P, 8P, CP, FP, HP, OP, SP, TP, UP and the age is >= 6 and <= 20.

Appendix N: Provider Type

Table N.1 – Provider Type

| Code | Provider Type |
|------|--------------------------------|
| 01 | Hospital |
| 02 | Ambulatory Surgical Center |
| 03 | Extended Care Facilities |
| 04 | Rehabilitation Facility |
| 05 | Home Health Agency |
| 06 | Hospice |
| 07 | Capitation Provider |
| 08 | Clinic |
| 09 | Advance Practice Nurse |
| 10 | Mid-level Practitioner |
| 11 | Mental Health Provider |
| 12 | School Corporation |
| 13 | Public Health Agency |
| 14 | Podiatrist |
| 15 | Chiropractor |
| 16 | Nurse |
| 17 | Therapist |
| 18 | Optometrist |
| 19 | Optician |
| 20 | Audiologist |
| 21 | Targeted Case Manager |
| 22 | Hearing Aid Dealer |
| 23 | Dietitian |
| 24 | Pharmacy |
| 25 | DME/Medical Supply Dealer |
| 26 | Transportation Provider |
| 27 | Dentist |
| 28 | Laboratory |
| 29 | Radiology Provider |
| 30 | End Stage Renal Disease Clinic |
| 31 | Physician |
| 32 | Waiver Provider |

Table N.1 – Provider Type

| Code | Provider Type |
|-------------|--|
| 33 | Non Billing Waiver Case Manager |
| All | |
| Unknown | Note: Use this classification to report claims denied for reasons such as the billing provider is not on file, which do not have a provider type assigned. |

Appendix O: Provider Specialty

Table O.1 – Provider Specialty

| Code | Provider Specialty |
|------|---|
| 010 | Acute Care Hospital |
| 011 | Psychiatric Hospital |
| 012 | Rehabilitation Hospital |
| 020 | Ambulatory Surgical Center |
| 030 | Nursing Facilities |
| 031 | ICF/MR |
| 032 | Pediatric Nursing Facility |
| 033 | Residential Care Facility |
| 040 | Rehabilitation Facility |
| 050 | Home Health Agency |
| 060 | Hospice |
| 070 | Rick Based Managed Care (RBMC) |
| 071 | Managed Care Organization (MCO) |
| 072 | Prepaid Health Plan (PHP) |
| 073 | Competitive Medical Plans (CMP) |
| 080 | Federally Qualified Health Clinic (FQHC) |
| 081 | Rural Health Clinic (RHC) |
| 082 | Medical Clinic |
| 083 | Family Planning Clinic |
| 084 | Nurse Practitioner Clinic |
| 085 | Title V Clinic |
| 086 | Dental Clinic |
| 087 | Therapy Clinic |
| 090 | Pediatric Nurse Practitioner |
| 091 | Obstetric Nurse Practitioner |
| 092 | Family Nurse Practitioner |
| 093 | Nurse Practitioner (other) |
| 094 | Certified Registered Nurse Anesthetist (CRNA) |
| 095 | Certified Nurse Midwife |
| 100 | Physician Assistant |
| 101 | Anesthesiology Assistant |
| 110 | Outpatient Mental Health Clinic |

Table O.1 – Provider Specialty

| Code | Provider Specialty |
|-------------|--|
| 111 | Community Mental Health Center (CMHC) |
| 112 | Psychologist |
| 113 | Certified Psychologist |
| 114 | Health Service Provider in Psychology (HSPP) |
| 115 | Certified Clinical Social Worker (MSW) |
| 116 | Certified Social Worker |
| 117 | Psychiatric Nurse |
| 120 | School Corporation |
| 130 | County Health Department |
| 140 | Podiatrist |
| 150 | Chiropractor |
| 160 | Registered Nurse (RN) |
| 161 | Licensed Practical Nurse (LPN) |
| 162 | Registered Nurse Clinical (RNC) |
| 170 | Physical Therapist |
| 171 | Occupational Therapist |
| 172 | Respiratory Therapist |
| 173 | Speech/Hearing Therapist |
| 180 | Optometrist |
| 190 | Optician |
| 200 | Audiologist |
| 210 | Care Coordinator for Pregnant Women |
| 211 | HIV Case Manager |
| 212 | CSHCS Care Coordinator |
| 220 | Hearing Aid Dealer |
| 230 | Registered Dietitian |
| 240 | Pharmacist |
| 250 | DME/Medical Supply Dealer |
| 260 | Ambulance |
| 261 | Air Ambulance |
| 262 | Bus |
| 263 | Taxi |
| 264 | Common Carrier (Ambulatory) |
| 265 | Common Carrier (Non-Ambulatory) |

Table O.1 – Provider Specialty

| Code | Provider Specialty |
|------|------------------------------------|
| 266 | Family Member |
| 270 | Endodontist |
| 271 | General Dentistry Practitioner |
| 272 | Oral Surgeon |
| 273 | Orthodontist |
| 274 | Pediatric Dentist |
| 275 | Periodontist |
| 276 | Pedodontist |
| 277 | Dental Prosthesis |
| 280 | Independent Lab |
| 281 | Mobile Lab |
| 290 | Freestanding X-ray Clinic |
| 291 | Mobile X-ray Clinic |
| 300 | Freestanding Renal Dialysis Clinic |
| 310 | Allergist |
| 311 | Anesthesiologist |
| 312 | Cardiologist |
| 313 | Cardiovascular Surgeon |
| 314 | Dermatologist |
| 315 | Emergency Medicine Practitioner |
| 316 | Family Practitioner |
| 317 | Gastroenterologist |
| 318 | General Practitioner |
| 319 | General Surgeon |
| 320 | Geriatric Practitioner |
| 321 | Hand Surgeon |
| 322 | Internist |
| 323 | Neonatologist |
| 324 | Nephrologist |
| 325 | Neurological Surgeon |
| 326 | Neurologist |
| 327 | Nuclear Medicine Practitioner |
| 328 | OB/GYN |
| 329 | Oncologist |

Table O.1 – Provider Specialty

| Code | Provider Specialty |
|-------------|---|
| 330 | Ophthalmologist |
| 331 | Orthopedic Surgeon |
| 332 | Otologist, Laryngologist, Rhinologist |
| 333 | Pathologist |
| 334 | Pediatric Surgeon |
| 335 | Pediatrician |
| 336 | Physical Medicine and Rehab Practitioner |
| 337 | Plastic Surgeon |
| 338 | Proctologist |
| 339 | Psychiatrist |
| 340 | Pulmonary Disease Specialist |
| 341 | Radiologist |
| 342 | Thoracic Surgeon |
| 343 | Urologist |
| 344 | General Internist |
| 345 | General Pediatrician |
| 346 | Dispensing Physician |
| 350 | Aged and Disabled Waiver |
| 351 | Autism Waiver |
| 352 | ICF/MR Developmentally Disabled Waiver |
| 353 | OBRA Home Care Based Services Waiver |
| 354 | Medically Fragile Children's Waiver |
| 355 | Non Billing Waiver Case Manager |
| ALL | |
| Unknown | Note: Use this classification to report claims denied for reasons such as the billing provider is not on file, which do not have a provider specialty assigned. |

Appendix P: Provider Type to Specialty Cross-Reference

Table P.1 – Provider Type to Specialty Cross-Reference

| Provider Type | | Provider Specialty | |
|---------------|----------------------------|--------------------|---------------------------------|
| 1 | Hospital | 10 | Acute Care Hospital |
| | | 11 | Psychiatric Hospital |
| | | 12 | Rehabilitation Hospital |
| 2 | Ambulatory Surgical Center | 20 | Ambulatory Surgical Center |
| 3 | Extended Care Facilities | 30 | Nursing Facilities |
| | | 31 | ICF/MR |
| | | 32 | Pediatric Nursing Facility |
| | | 33 | Residential Care Facility |
| 4 | Rehabilitation Facility | 40 | Rehabilitation Facility |
| 5 | Home Health Agency | 50 | Home Health Agency |
| 6 | Hospice | 60 | Hospice |
| 7 | Capitation Provider | 70 | HMO |
| | | 71 | PPO |
| | | 72 | Prepaid Health Plan (PHP) |
| | | 73 | Competitive Medical Plans (CMP) |
| 8 | Clinic | 80 | FQHC |
| | | 81 | Rural Health Clinic (RHC) |
| | | 82 | Medical Clinic |
| | | 83 | Family Planning Clinic |
| | | 84 | Nurse Practitioner Clinic |
| | | 85 | Title V Clinic |
| | | 86 | Dental Clinic |
| | | 87 | Therapy Clinic |
| 9 | Advance Practice Nurse | 90 | Pediatric Nurse Practitioner |
| | | 91 | Obstetric Nurse Practitioner |
| | | 92 | Family Nurse Practitioner |
| | | 93 | Nurse Practitioner (other) |
| | | 94 | CRNA |
| | | 95 | Certified Nurse Midwife |
| 10 | Mid-level Practitioner | 100 | Physician Assistant |
| | | 101 | Anesthesiology Assistant |

Table P.1 – Provider Type to Specialty Cross-Reference

| Provider Type | | Provider Specialty | |
|---------------|---------------------------|--------------------|--|
| 11 | Mental Health Provider | 110 | Outpatient Mental Health Clinic |
| | | 111 | Community Mental Health Center |
| | | 112 | Psychologist |
| | | 113 | Certified Psychologist |
| | | 114 | Health Service Prov in Psych (HSPP) |
| | | 115 | Certified Clinical Social Worker (MSW) |
| | | 116 | Certified Social Worker |
| | | 117 | Psychiatric Nurse |
| 12 | School Corporation | 120 | School Corporation |
| 13 | Public Health Agency | 130 | County Health Department |
| 14 | Podiatrist | 140 | Podiatrist |
| 15 | Chiropractor | 150 | Chiropractor |
| 16 | Nurse | 160 | Registered Nurse (RN) |
| | | 161 | Licensed Practical Nurse (LPN) |
| | | 162 | Registered Nurse Clinical (RNC) |
| 17 | Therapist | 170 | Physical Therapist |
| | | 171 | Occupational Therapist |
| | | 172 | Respiratory Therapist |
| | | 173 | Speech/Hearing Therapist |
| 18 | Optometrist | 180 | Optometrist |
| 19 | Optician | 190 | Optician |
| 20 | Audiologist | 200 | Audiologist |
| 21 | Case Manager (Targeted) | 210 | Care Coordinator for Pregnant Women |
| | | 211 | HIV Case Manager |
| | | 212 | CSHCS Care Coordinator |
| 22 | Hearing Aid Dealer | 220 | Hearing Aid Dealer |
| 23 | Dietitian | 230 | Registered Dietitian |
| 24 | Pharmacy | 240 | Pharmacist |
| 25 | DME/Medical Supply Dealer | 250 | DME/Medical Supply Dealer |
| 26 | Transportation Provider | 260 | Ambulance |
| | | 261 | Air Ambulance |
| | | 262 | Bus |
| | | 263 | Taxi |
| | | 264 | Common Carrier (Ambulatory) |

Table P.1 – Provider Type to Specialty Cross-Reference

| Provider Type | | Provider Specialty | |
|---------------|--------------------------------|--------------------|------------------------------------|
| | | 265 | Common Carrier (Non-Ambulatory) |
| | | 266 | Family Member |
| 27 | Dentist | 270 | Endodontist |
| | | 271 | General Dentistry Practitioner |
| | | 272 | Oral Surgeon |
| | | 273 | Orthodontist |
| | | 274 | Pediatric Dentist |
| | | 275 | Periodontist |
| | | 276 | Pedodontist |
| | | 277 | Prosthesis |
| 28 | Laboratory | 280 | Independent Lab |
| | | 281 | Mobile Lab |
| 29 | Radiology Provider | 290 | Freestanding X-ray Clinic |
| | | 291 | Mobile X-ray Clinic |
| 30 | End Stage Renal Disease Clinic | 300 | Freestanding Renal Dialysis Clinic |
| 31 | Physician | 310 | Allergist |
| | | 311 | Anesthesiologist |
| | | 312 | Cardiologist |
| | | 313 | Cardiovascular Surgeon |
| | | 314 | Dermatologist |
| | | 315 | Emergency Medicine Practitioner |
| | | 316 | Family Practitioner |
| | | 317 | Gastroenterologist |
| | | 318 | General Practitioner |
| | | 319 | General Surgeon |
| | | 320 | Geriatric Practitioner |
| | | 321 | Hand Surgeon |
| | | 322 | Internist |
| | | 323 | Neonatologist |
| | | 324 | Nephrologist |
| | | 325 | Neurological Surgeon |
| | | 326 | Neurologist |
| | | 327 | Nuclear Medicine Practitioner |
| | | 328 | OB/GYN |

Table P.1 – Provider Type to Specialty Cross-Reference

| Provider Type | | Provider Specialty | |
|---------------|---------------------------------|--------------------|--|
| | | 329 | Oncologist |
| | | 330 | Ophthalmologist |
| | | 331 | Orthopedic Surgeon |
| | | 332 | Otologist, Laryngologist, Rhinologist |
| | | 333 | Pathologist |
| | | 334 | Pediatric Surgeon |
| | | 335 | Pediatrician |
| | | 336 | Physical Medicine and Rehab Practitioner |
| | | 337 | Plastic Surgeon |
| | | 338 | Proctologist |
| | | 339 | Psychiatrist |
| | | 340 | Pulmonary Disease Specialist |
| | | 341 | Radiologist |
| | | 342 | Thoracic Surgeon |
| | | 343 | Urologist |
| | | 344 | General Internist |
| | | 345 | General Pediatrician |
| | | 346 | Dispensing Physician |
| 32 | Waiver Provider | 350 | Aged and Disabled Waiver |
| | | 351 | Autistic Waiver |
| | | 352 | ICF/MR Developmentally Disabled Waiver |
| | | 353 | OBRA Home Care Based Services Waiver |
| | | 354 | Medically Fragile Children's Waiver |
| | | 355 | Non-Billing Waiver Case Manager |
| 33 | Non-Billing Waiver Case Manager | 350 | Aged and Disabled Waiver |
| | | 351 | Autistic Waiver |
| | | 352 | ICF/MR Developmentally Disabled Waiver |
| | | 353 | OBRA Home Care Based Services Waiver |
| | | 354 | Medically Fragile Children's Waiver |

Appendix Q: Claim Type

Table Q.1 – Claim Type

| Code | Claim Type |
|------|----------------------------------|
| P | Pharmacy Claims |
| S | shadow claims |
| L | Long Term Care Claims |
| I | Inpatient Claims |
| M | HCFA 1500 Claims |
| H | Home Health Claims |
| O | Outpatient Claims |
| D | Dental Claims |
| F | Financial |
| C | UB92 Outpatient Crossover Claims |
| B | HCFA 1500 Crossover Claims |
| A | UB92 Inpatient Crossover Claims |

Appendix R: Counts – MAR Reporting of Claims and Units

Table R.1 – Counts – MAR Reporting of Claims and Units

| Medical | |
|----------------------------------|---|
| Number of Claims | Each detail line should be counted |
| Number of Units | Days or Units field from HCFA 1500 |
| Inpatient | |
| Number of Claims | Each ICN should be counted |
| Number of Units | Days or the number of units for each revenue code billed |
| Outpatient | |
| Number of Claims | Each ICN should be counted |
| Number of Units | Service units from the UB92 should be counted |
| Home Health | |
| Number of Claims | Each ICN should be counted |
| Number of Units | Service units from the UB92 should be counted |
| Pharmacy | |
| Number of Claims | Each ICN should be counted |
| Number of Units | The quantity field from the drug claim should be counted |
| Dental | |
| Number of Claims | Each detail should be counted |
| Number of Units | Assume one(1) for each detail since there is no units field |
| Crossover HCFA 1500 | |
| Number of Claims | Each detail line should be counted |
| Number of Units | Days or Units field from HCFA 1500 |
| Crossover – Institutional | |
| Number of Claims | Each ICN should be counted |
| Number of Units | Days or the number of units for each revenue code billed |

Appendix S:County Codes

Table S.1 – County

| Code | County |
|------|-------------|
| 01 | Adams |
| 02 | Allen |
| 03 | Bartholomew |
| 04 | Benton |
| 05 | Blackford |
| 06 | Boone |
| 07 | Brown |
| 08 | Carroll |
| 09 | Cass |
| 10 | Clark |
| 11 | Clay |
| 12 | Clinton |
| 13 | Crawford |
| 14 | Davies |
| 15 | Dearborn |
| 16 | Decatur |
| 17 | Dekalb |
| 18 | Delaware |
| 19 | Dubois |
| 20 | Elkhart |
| 21 | Fayette |
| 22 | Floyd |
| 23 | Fountain |
| 24 | Franklin |
| 25 | Fulton |
| 26 | Gibson |
| 27 | Grant |
| 28 | Greene |
| 29 | Hamilton |
| 30 | Hancock |
| 31 | Harrison |
| 32 | Hendricks |

Table S.1 – County

| Code | County |
|-------------|---------------|
| 33 | Henry |
| 34 | Howard |
| 35 | Huntington |
| 36 | Jackson |
| 37 | Jasper |
| 38 | Jay |
| 39 | Jefferson |
| 40 | Jennings |
| 41 | Johnson |
| 42 | Knox |
| 43 | Kosciusko |
| 44 | LaGrange |
| 45 | Lake |
| 46 | Laporte |
| 47 | Lawrence |
| 48 | Madison |
| 49 | Marion |
| 50 | Marshall |
| 51 | Martin |
| 52 | Miami |
| 53 | Monroe |
| 54 | Montgomery |
| 55 | Morgan |
| 56 | Newton |
| 57 | Noble |
| 58 | Ohio |
| 59 | Orange |
| 60 | Owen |
| 61 | Parke |
| 62 | Perry |
| 63 | Pike |
| 64 | Porter |
| 65 | Posey |
| 66 | Pulaski |

Table S.1 – County

| Code | County |
|-------------|----------------------------|
| 67 | Putnam |
| 68 | Randolph |
| 69 | Ripley |
| 70 | Rush |
| 71 | St. Joseph |
| 72 | Scott |
| 73 | Shelby |
| 74 | Spencer |
| 75 | Starke |
| 76 | Steuben |
| 77 | Sullivan |
| 78 | Switzerland |
| 79 | Tippecanoe |
| 80 | Tipton |
| 81 | Union |
| 82 | Vanderburgh |
| 83 | Vermillion |
| 84 | Vigo |
| 85 | Wabash |
| 86 | Warren |
| 87 | Warrick |
| 88 | Washington |
| 89 | Wayne |
| 90 | Wells |
| 91 | White |
| 92 | Whitley |
| 94 | IFSSA |
| 95 | Out-of-State Ward of Court |
| 96 | Out-of-State |

Appendix T:Level of Care for Long Term Care

Table T.1 – Level of Care for Long Term Care

| Code | Description |
|-------------|------------------------------|
| 01 | Skilled SNF |
| 02 | Intermediate ICF |
| 03 | Group Home ICF/MR |
| 04 | Ventilator Dependent |
| 05 | Traumatic Brain Injury (TBI) |
| 06 | Super Skilled |
| 07 | Burn Treatment |
| 08 | Rehabilitation |
| 09 | Psychiatric |
| 10 | Miscellaneous Surgery |

Appendix U: Level of Care for Waiver Programs

Table U.1 – Level of Care for Waiver Programs

| Code | Description |
|------|---|
| A | Intermediate Care Level; diverted, disabled (under age 65) – HCBS Waiver |
| B | Intermediate Care Level; deinstitutionalized, disabled (under age 65) – HCBS Waiver |
| C | Skilled Care Level; diverted, disabled (under age 65) – HCBS Waiver |
| D | Skilled Care Level; deinstitutionalized, disabled (under age 65) – HCBS Waiver |
| E | Intermediate Care Level; Diverted, Aged (65 and Over) – HCBS Waiver |
| F | Intermediate Care Level; Deinstitutionalized, Aged (65 and Over) – HCBS Waiver |
| G | Skilled Care Level; Diverted, Aged (65 and Over) – HCBS Waiver |
| H | Skilled Care Level; Deinstitutionalized, Aged (65 and over) – HCBS Waiver |
| I | Intermediate Care |
| J | Medically Fragile Children; Diverted – Hospital; Effective 7/1/92 |
| K | Skilled Care Level; Diverted, (Code Ineffective 9/1/90) |
| L | Skilled Care Level; Deinstitutionalized (Code Ineffective 9/1/90) |
| M | Intermediate Care Level; Deinstitutionalized, (Code Ineffective 9/1/90) |
| N | Intermediate Care Level; Diverted (Code Ineffective 9/1/90) |
| P | Autistic Waiver, Diverted |
| Q | Autistic Waiver, Deinstitutionalized |
| R | Rehabilitation Care |
| S | Skilled Care |
| T | Developmentally Disabled HCBS Waiver; Diverted |
| U | Developmentally Disabled HCBS Waiver; Deinstitutionalized |
| V | Developmentally Disabled HCBS Waiver; Deinstitutionalized from State Owned Facility |
| W | Developmentally Disabled HCBS Waiver; Deinstitutionalized from Nursing Facility |
| X | Medically Fragile Children; Deinstitutionalized – Hospital |
| Y | Medically Fragile Children; Diverted – Nursing Facility Skilled Care |
| Z | Medically Fragile Children; Deinstitutionalized – Nursing Facility Skilled Care |
| I10 | General Intermediate Care in NF |
| I11 | MR/DD Specialized Intermediate Care in ICF/MR |
| I20 | ICF/MR |
| S10 | General Skilled Care in NF (default) |
| S11 | MR/DD Specialized Skilled Care in NF |
| S12 | Vent Skilled Care Unit in NF |
| S13 | AIDS Skilled Care Unit in NF |

Table U.1 – Level of Care for Waiver Programs

| Code | Description |
|-------------|-----------------------------------|
| S14 | TBI Skilled Care Unit in NF |
| S15 | Extensive Skilled Care Unit in NF |

Appendix V:Location (Place) of Service

Table V.1 – Location (Place) of Service

| Code | Description |
|------|--|
| 11 | Office |
| 12 | Home |
| 21 | Inpatient Hospital |
| 22 | Outpatient Hospital |
| 23 | Emergency Room |
| 24 | Ambulatory Surgical Center |
| 25 | Birth Center |
| 26 | Military Treatment Facility |
| 31 | Skilled Nursing Facility |
| 32 | Nursing Facility |
| 33 | Custodial Care Facility |
| 34 | Hospice |
| 41 | Ambulance – Land |
| 42 | Ambulance Air or Water |
| 51 | Community Mental Health Center |
| 54 | Intermediate Care Facility/Mentally Retarded |
| 55 | Residential Substance Abuse Treatment Facility |
| 56 | Psychiatric Residential Treatment Center |
| 61 | Comprehensive Inpatient Rehabilitation Facility |
| 62 | Comprehensive Outpatient Rehabilitation Facility |
| 65 | End Stage Renal Disease Treatment Facility |
| 71 | State or Local Public Health Clinic |
| 72 | Rural Health Clinic |
| 81 | Independent Laboratory |
| 99 | Other Unlisted Facility |

Appendix W: Maintenance Assistant Status Codes

Table W.1 – Maintenance Assistant Status Code

| Code | Description |
|-------------|--|
| 0 | Not eligible for Medicaid |
| 1 | Categorically Needy, Receiving Federal Cash Assistance |
| 2 | Categorically Needy, Not Receiving Federal Cash Assistance |
| 3 | Medically Needy |
| 4 | Other Coverage Groups created by Legislation Effective Prior to 1988 |
| 5 | Coverage Groups created by MCCA of 1988 and Later Legislation |
| 9 | Status Unknown |

Appendix X: Maintenance Assistance Status Codes Effective Federal Fiscal Year 1997

Table X.1 – Maintenance Assistance Status Codes
Effective Federal Fiscal Year 1997

| Code | Description |
|-------------|---------------------------|
| 1 | Receiving Cash Assistance |
| 2 | Medically Needy |
| 3 | Poverty Related |
| 4 | Other |

Appendix Y: Basis of Eligibility Codes Effective Federal Fiscal Year 1997

Table Y.1 – Basis of Eligibility Codes Effective Federal Fiscal
Year 1997

| Code | Description |
|-------------|-----------------------|
| 1 | Aged |
| 2 | Blind/Disabled |
| 4 | AFDC or Poverty Child |
| 5 | AFDC or Poverty Adult |
| 6 | AFDC, U Child |
| 7 | AFDC, U Adult |
| 8 | Foster Care Child |

Appendix Z: MAS/BOE Conversion – ICES to Federal

Table Z.1 MAS/BOE Conversion – ICES to Federal

| Aid | Money Grant | Age | MAS | BOE |
|------------|--------------------|------------|------------|------------|
| MA A | Y | | 1 | 1 |
| MA A | N or Blank | | 4 | 1 |
| MA B | Y | | 1 | 2 |
| MA B | N or Blank | | 4 | 2 |
| MA C | Y | 00-20 | 1 | 4 |
| MA C | Y | | | |
| MA C | Y | | | |
| MA C | | 00-20 | 1 | 6 |
| MA C | N or Blank | 00-20 | 4 | 4 |
| MA C | N or Blank | 21-64 | 4 | 5 |
| MA D | Y | | 1 | 2 |
| MA D | N or Blank | | 4 | 2 |
| MA E | | | 3 | 5 |
| MA E | | | 4 | 5 |
| MA F | Y | 00-20 | 4 | 4 |
| MA F | Y | 21-64 | 4 | 5 |
| MA F | Y | | | |
| MA F | N or Blank | 00-20 | 4 | 4 |
| MA F | N or Blank | 21-64 | 4 | 5 |
| MA G | Y | | 3 | 2 |
| MA G | N or Blank | | | |
| MA H | Y | 00-20 | 4 | 4 |
| MA H | Y | | | |
| MA H | Y | | | |
| MA H | N or Blank | 00-20 | 4 | 4 |
| MA H | N or Blank | | | |
| MA J | Y | 00-64 | 3 | 2 |
| MA J | N or Blank | 65 & older | 3 | 1 |
| MA L | | 00-64 | 3 | 2 |
| MA L | | 65 & older | 3 | 1 |
| MA M | | | 4 | 5 |

Table Z.1 MAS/BOE Conversion – ICES to Federal

| Aid | Money Grant | Age | MAS | BOE |
|------|-------------|------------|-----|-----|
| MA N | | | 3 | 5 |
| MA O | Y | | 4 | 4 |
| MA O | Y | | | |
| MA O | N or Blank | | | |
| MA P | | | N/A | |
| MA Q | Y | | N/A | |
| MA Q | Y | | N/A | |
| MA Q | Y | | N/A | |
| MA Q | N or Blank | | N/A | |
| MA Q | N or Blank | | N/A | |
| MA R | | 00-64 | 1 | 2 |
| MA R | | 65 & older | 1 | 1 |
| MA S | Y | 00-20 | 4 | 4 |
| MA S | Y | 21-64 | 4 | 5 |
| MA S | Y | | | |
| MA S | N or Blank | 00-20 | 4 | 4 |
| MA S | N or Blank | 21-64 | 4 | 5 |
| MA T | Y | 00-20 | 4 | 4 |
| MA T | Y | | | |
| MA T | N or Blank | | | |
| MA U | Y | 00-64 | 1 | 2 |
| MA U | Y | 65 & older | 4 | 1 |
| MA U | Y | 00-64 | 4 | 2 |
| MA U | N or Blank | | | |
| MA U | N or Blank | | | |
| MA X | | | 4 | 4 |
| MA Y | | | 3 | 4 |
| MA Z | | | 3 | 4 |
| MA 1 | | | 4 | 4 |
| MA 2 | | | 3 | 4 |
| MA 3 | | | 4 | 4 |
| MA 4 | Y | | 4 | 8 |
| MA 4 | Y | | | |
| MA 4 | N or Blank | | | |

Table Z.1 MAS/BOE Conversion – ICES to Federal

| Aid | Money Grant | Age | MAS | BOE |
|------|-------------|-----|-----|-----|
| MA 5 | Y | | N/A | |
| MA 5 | N or Blank | | N/A | |
| MA 6 | Y | | N/A | |
| MA 6 | N or Blank | | N/A | |
| MA 7 | Y | | N/A | |
| MA 7 | N or Blank | | N/A | |
| MA 8 | Y | | 4 | 4 |
| MA 8 | Y | | 4 | 8 |
| MA 8 | N or Blank | | | |

Federal Aid Category – Aged

When the ICES category indicates a Federal Aged eligibility category, the Money Grant Indicator on the recipient table opens. If the Money Grant Indicator is a “Y” (Yes), set the Maintenance Assistance Code to a “1” (Receiving Cash Assistance). If the Money Grant indicator is a “N” or blank, set the Maintenance Assistance Code to “4” (Other).

Exceptions

If the ICES category is RBA related (MA R age 65+ or MA RP age 65+), set the Maintenance Assistance Code to a “1” (Receiving Cash Assistance).

If the ICES category is QMB related (MA L age 65+ or MA LP age 65+) set the Maintenance Assistance Code to a “3” (Poverty Related).

Federal Aid Category – Blind/Disabled

When the ICES category indicates a Federal Blind eligibility category, the Money Grant Indicator on the recipient table opens. If the Money Grant Indicator is a “Y” (Yes), set the Maintenance Assistance Code to a “1” (Categorically Needy Receiving Federal Assistance). If the Money Grant indicator is a “N” or blank, set the Maintenance Assistance Code to “2” (Categorically Needy, Not Receiving Federal Cash Assistance).

Federal Aid Category – Children in AFDC

Age 0-20 Only

When the ICES category indicates a Federal Children in AFDC category and the age of the recipient is 0-17 years old, the Money Grant indicator opens. If the Money Grant Indicator is “Y” (Yes), set the Maintenance Assistance Code to “1” (Categorically Needy Receiving Federal Assistance). If the Money Grant indicator is an “N” or blank, set the Maintenance Assistance Code to “2” (Categorically Needy, Not Receiving Federal Cash Assistance). If the child's age is 18-20 years old, regardless of the Money Grant indicator, the set Maintenance Assistance Code to “2” (Categorically Needy, Not Receiving Federal Cash Assistance).

Exceptions

If the ICES category indicates a Newborn (MA X) set the Maintenance Assistance Code to “2” (Categorically Needy, Not Receiving Federal Cash Assistance).

If the ICES category indicates a Ward (MA 3, MA 3P) or Medicaid for children under 6 years old (MA Z, MA ZP) set the Maintenance Assistance Code to a “4” (Other Coverage Groups created by Legislation Effective Prior to 1988).

If the ICES category indicates Children Under 19 (MA 1, MA 2, MA Y, MA 1P, MA 2P, MA YP) set the Maintenance Assistance Code to “2” (Categorically Needy, Not Receiving Federal Cash Assistance).

Federal Aid Category – Adults in AFDC

Age 21 – 64 Only

When the ICES category indicates a Federal Adult in AFDC category the Money Grant indicator is accessed. If the Money Grant Indicator is “Y” (Yes), set the Maintenance Assistance Code to “1” (Categorically Needy Receiving Federal Assistance). If the Money Grant indicator is an “N” or blank, set the Maintenance Assistance Code to “2” (Categorically Needy, Not Receiving Federal Cash Assistance).

Exceptions

If the ICES category indicates a SOBRA Adult (MA N, MA P, MA NP, MA PP), set the Maintenance Assistance Code to “4” (Other Coverage Groups created by Legislation Effective Prior to 1988).

If the ICES category indicates a Medicaid for Pregnant Women (MA E, MA M, MA MP) set the Maintenance Assistance Code to “2” (Categorically Needy, Not Receiving Federal Cash Assistance).

Appendix AA:Mental Health Codes

Table AA.1 – Mental Health Codes

| Code | Description |
|-------------|-------------------------------------|
| X3040 | Outpatient Diagnostic Assessments |
| X3041 | Outpatient Prehospital Screening |
| X3042 | Individual Counseling Psychotherapy |
| X3043 | Conjoint Counseling/Psychotherapy |
| X3044 | Family Counseling/Psychotherapy |
| X3045 | Group Counseling/Psychotherapy |
| X3046 | Crisis Intervention |
| X3047 | Medication/Somatic Treatment |
| X3048 | Train Activities Daily Living |
| X3049 | Partial Hospitalization Services |
| X3050 | Case Management Services |

Appendix BB: Non Claim Specific Financial Transaction Reason Codes

Table BB.1 Non Claim Specific Financial Transaction Reason Codes

| Code | Non Claim Provider Refund |
|----------------|--|
| 8220 | Non Claim Specific Refund – TPL (other health Insurance) related |
| 8221 | Non Claim Specific Refund – TPL (Medicare related) |
| 8222 | Non Claim Specific Refund – TPL (special projects) |
| 8223 | Non Claim Specific Refund – SURS |
| 8225 – 8228 | Reserved for future use |
| 8229 | Non Claim Specific Refund – Misc |
| Code | Expenditures/Cash |
| 8300 | Provider payout – system generated |
| 8301 | Provider payout – manual check |
| 8302 | Provider payout – over refund (sys) |
| 8303 | Provider payout – over refund (man) |
| 8306 | Reserved for future use |
| 8307 | Provider Payout – manual check (balance of stop paid check applied to A/R) |
| 8308 – 8319 | Reserved for future use |
| 8320 | Other entity payout – outside AIM |
| 8321 – 8399 | Reserved for future use |

Note: Payout reasons for TPL related functions are defined in the TPL Account Receivable Deliverable

Appendix CC:Region Codes

Table CC.1 – Region Codes

| Code | Description |
|------|---|
| 10 | Paper |
| 11 | Paper with Attachments |
| 12 | CCF |
| 13 | Timely Filing |
| 15 | Paper Claims with No Provider ID |
| 20 | Electronic |
| 21 | Electronic with Attachments |
| 22 | Shadow (Encounter Claims) |
| 23 | Electronic Crossover claims using Provider Electronic Solutions |
| 25 | Point of Service |
| 26 | Point of Service with Attachments |
| 50 | Non Check Related Adjustments |
| 51 | Check Related Adjustments |
| 55 | Mass Adjustments – Retro Rate |
| 56 | Mass Adjustments |
| 57 | Adjustments Reprocessed by EDS System Engineers |
| 58 | Claims Reprocessed by EDS System Engineers |
| 60 | Non-Claim Specific Financial Transactions |
| 70 | HMO Capitation |
| 90 | Special Projects |

Appendix DD: Therapeutic Class

Table DD.1 – Therapeutic Class

| Code | Description | |
|----------|--|--|
| 00:00.00 | AHFS Category Unknown | |
| 04:00.00 | Antihistamine Drugs | |
| 08:00.00 | Anti-Infective Agents | Amebicides |
| 08:04.00 | Anthelmintics | |
| 08:08.00 | Antibiotics | |
| 08:12.00 | Aminoglycosides | |
| 08:12.02 | Antifungal Antibiotics | |
| 08:12.04 | Cephalosporins | |
| 08:12.06 | Miscellaneous B-Lactam Antibiotics | |
| 08:12.07 | Chloramphenicol | |
| 08:12.08 | Macrolides | |
| 08:12.12 | Penicillins | |
| 08:12.16 | Tetracyclines | |
| 08:12.24 | Miscellaneous Antibiotics | |
| 08:12.28 | Antituberculosis Agents | |
| 08:16.00 | Antivirals | |
| 08:18.00 | Antimalarial Agents | |
| 08:20.00 | Quinolones | |
| 08:22.00 | Sulfonamides | |
| 08:24.00 | Sulfones | |
| 08:26.00 | Antitreponemal Agents | |
| 08:28.00 | Antitrichomonal Agents | |
| 08:32.00 | Urinary Anti-Infectives | |
| 08:36.00 | Miscellaneous Anti-Infectives | |
| 08:40.00 | | |
| 10:00.00 | Antineoplastic Agents | |
| 12:00.00 | Autonomic Drugs | Parasympathomimetic (Cholinergic Agents) |
| 12:04.00 | Anticholinergic Agents | |
| 12:08.00 | Antiparkinsonian Agents | |
| 12:08.04 | Antimuscarinics / Antispasmodics | |
| 12:08.08 | Sympathomimetic (Adrenergic) Agents | |
| 12:12.00 | Sympatholytic Adrenergic Blocking Agents | |

Table DD.1 – Therapeutic Class

| Code | Description | |
|----------|---|---------------------|
| 12:16.00 | Skeletal Muscle Relaxants | |
| 12:20.00 | Miscellaneous Autonomic Drugs | |
| 12:92.00 | | |
| 16:00.00 | Blood Derivatives | |
| 20:00.00 | Blood Formation and Coagulation | Antianemia Drugs |
| 20:04.00 | Iron Preparations | |
| 20:04.04 | Liver and Stomach Preparations | |
| 20:04.08 | Coagulants and Anticoagulants | |
| 20:12.00 | Anticoagulants | |
| 20:12.04 | Antiheparin Agents | |
| 20:12.08 | Coagulants | |
| 20:12.12 | Hemostatics | |
| 20:12.16 | Hematopoietic Agents | |
| 20:16.00 | Hemorrhologic Agents | |
| 20:24.00 | Thrombolytic Agents | |
| 20:40.00 | | |
| 24:00.00 | Cardiovascular Drugs | Cardiac Drugs |
| 24:04.00 | Antilipemic Agents | |
| 24:06.00 | Hypotensive Agents | |
| 24:08.00 | Vasodilating Agents | |
| 24:12.00 | Sclerosing Agents | |
| 24:16.00 | | |
| 28:00.00 | Central Nervous System Drugs | General Anesthetics |
| 28:04.00 | Analgesics and Antipyretics | |
| 28:08.00 | Nonsteroidal Anti-Inflammatory Agents | |
| 28:08.04 | Opiate Agonists | |
| 28:08.08 | Opiate Partial Agonists | |
| 28:08.12 | Miscellaneous Analgesics and Antipyretics | |
| 28:08.92 | Opiate Antagonists | |
| 28:10.00 | Anticonvulsants | |
| 28:12.00 | Barbiturates | |
| 28:12.04 | Benzodiazepines | |

Table DD.1 – Therapeutic Class

| Code | Description |
|----------|---|
| 28:12.08 | Hydantoins |
| 28:12.12 | Oxazolidinediones |
| 28:12.16 | Succinimides |
| 28:12.20 | Miscellaneous Anticonvulsants |
| 28:12.92 | Psychotherapeutic Agents |
| 28:16.00 | Antidepressants |
| 28:16.04 | Tranquilizers |
| 28:16.08 | Miscellaneous Psychotherapeutic Agents |
| 28:16.12 | Respiratory and Cerebral Stimulants |
| 28:20.00 | Anxiolytics, Sedatives and Hypnotics |
| 28:24.00 | Barbiturates |
| 28:24.04 | Benzodiazepines |
| 28:24.08 | Misc. Anxiolytics, Sedatives and Hypnotics |
| 28:24.92 | Antimanic Agents |
| 28:28.00 | |
| 32:00.00 | Contraceptives (Foams, Devices) |
| 34:00.00 | Dental Agents |
| 36:00.00 | Diagnostic Agents Adrenocortical Insufficiency |
| 36:04.00 | Amyloidosis |
| 36:08.00 | Blood Volume |
| 36:12.00 | Brucellosis |
| 36:16.00 | Cardiac Function |
| 36:18.00 | Circulation Time |
| 36:24.00 | Diabetes Mellitus |
| 36:26.00 | Diphtheria |
| 36:28.00 | Drug Hypersensitivity |
| 36:30.00 | Fungi |
| 36:32.00 | Gallbladder Function |
| 36:34.00 | Gastric Function |
| 36:36.00 | Intestinal Absorption |
| 36:38.00 | Kidney Function |
| 36:40.00 | Liver Function |
| 36:44.00 | Lymphogranuloma Venereum |
| 36:48.00 | Mumps |

Table DD.1 – Therapeutic Class

| Code | Description | |
|----------|--|-----------------------------|
| 36:52.00 | Myasthenia Gravis | |
| 36:56.00 | Thyroid Function | |
| 36:60.00 | Pancreatic Function | |
| 36:61.00 | Phenylketonuria | |
| 36:62.00 | Pheochromocytoma | |
| 36:64.00 | Pituitary Function | |
| 36:66.00 | Roentgenography | |
| 36:68.00 | Scarlet Fever | |
| 36:72.00 | Sweating | |
| 36:76.00 | Trichinosis | |
| 36:80.00 | Tuberculosis | |
| 36:84.00 | Urine and Feces Contents | |
| 36:88.00 | | Ketones |
| 36:88.12 | | Occult Blood |
| 36:88.20 | | pH |
| 36:88.24 | | Protein |
| 36:88.28 | | Sugar |
| 36:88.40 | | |
| 38:00.00 | Disinfectants (For Non-Dermatologic Use) | |
| 40:00.00 | Electrolytic, Caloric, and Water Balance | Acidifying Agents |
| 40:04.00 | Alkalinizing Agents | |
| 40:08.00 | Ammonia Detoxicants | |
| 40:10.00 | Replacement Preparations | |
| 40:12.00 | Sodium-Removing Resins | |
| 40:16.00 | Calcium-Removing Resins | |
| 40:17.00 | Potassium-Removing Resins | |
| 40:18.00 | Caloric Agents | |
| 40:20.00 | Salt and Sugar Substitutes | |
| 40:24.00 | Diuretics | |
| 40:28.00 | | Potassium Sparing Diuretics |
| 40:28.10 | | Irrigating Solutions |
| 40:36.00 | | Uricosuric Agents |
| 40:40.00 | | |

Table DD.1 – Therapeutic Class

| Code | Description | |
|----------|---|-------------------------|
| 44:00.00 | Enzymes | |
| 48:00.00 | Antitussives, Expects. and Mucolytic Agents | Antitussives |
| 48:08.00 | Expectorants | |
| 48:16.00 | Mucolytic Agents | |
| 48:24.00 | | |
| 52:00.00 | Eye, Ear, Nose and Throat (EENT) Preps. | Anti-Infectives |
| 52:04.00 | Antibiotics | |
| 52:04.04 | Antifungals | |
| 52:04.05 | Antivirals | |
| 52:04.06 | Sulfonamides | |
| 52:04.08 | Miscellaneous Anti-Infectives | |
| 52:04.12 | Anti-Inflammatory Agents | |
| 52:08.00 | Carbonic Anhydrase Inhibitors | |
| 52:10.00 | Contact Lens Solutions | |
| 52:12.00 | Local Anesthetics | |
| 52:16.00 | Miotics | |
| 52:20.00 | Mydriatics | |
| 52:24.00 | Mouthwashes and Gargles | |
| 52:28.00 | Vasoconstrictors | |
| 52:32.00 | Miscellaneous EENT Drugs | |
| 52:36.00 | | |
| 56:00.00 | Gastrointestinal Drugs | Antacids and Adsorbents |
| 56:04.00 | Antidiarrhea Agents | |
| 56:08.00 | Antiflatulents | |
| 56:10.00 | Cathartics and Laxatives | |
| 56:12.00 | Cholelitholytic Agents | |
| 56:14.00 | Digestants | |
| 56:16.00 | Emetics | |
| 56:20.00 | Antiemetics | |
| 56:22.00 | Lipotropic Agents | |
| 56:24.00 | Miscellaneous GI Drugs | |
| 56:40.00 | | |

Table DD.1 – Therapeutic Class

| Code | Description | |
|----------|-------------------------------------|-----------------------------------|
| 60:00.00 | Gold Compounds | |
| 64:00.00 | Heavy Metal Antagonists | |
| 68:00.00 | Hormones and Synthetic Substitutes | Adrenals |
| 68:04.00 | Androgens | |
| 68:08.00 | Contraceptives | |
| 68:12.00 | Estrogens | |
| 68:16.00 | Gonadotropins | |
| 68:18.00 | Antidiabetic Agents | |
| 68:20.00 | | Insulins |
| 68:20.08 | | Sulfonylureas |
| 68:20.20 | | Miscellaneous Antidiabetic Agents |
| 68:20.92 | Parathyroid | |
| 68:24.00 | Pituitary | |
| 68:28.00 | Progestins | |
| 68:32.00 | Other Corpus Luteum Hormones | |
| 68:34.00 | Thyroid and Antithyroid Agents | |
| 68:36.00 | | Thyroid Agents |
| 68:36.04 | | Antithyroid Agents |
| 68:36.08 | | |
| 72:00.00 | Local Anesthetics | |
| 76:00.00 | Oxytocics | |
| 78:00.00 | Radioactive Agents | |
| 80:00.00 | Serums, Toxoids and Vaccines | Serums |
| 80:04.00 | Toxoids | |
| 80:08.00 | Vaccines | |
| 80:12.00 | | |
| 84:00.00 | Skin and Mucous Membrane Agents | Anti-Infectives |
| 84:04.00 | Antibiotics | |
| 84:04.04 | Antivirals | |
| 84:04.06 | Antifungals | |
| 84:04.08 | Scabicides and Pediculicides | |
| 84:04.12 | Miscellaneous Local Anti-Infectives | |

Table DD.1 – Therapeutic Class

| Code | Description | |
|----------|---|--|
| 84:04.16 | Anti-Inflammatory Agents | |
| 84:06.00 | Antipruritics and Local Anesthetics | |
| 84:08.00 | Astringents | |
| 84:12.00 | Cell Stimulants and Proliferants | |
| 84:16.00 | Detergents | |
| 84:20.00 | Emollients, Demulcents and Protectants | |
| 84:24.00 | Basic Lotions and Liniments | |
| 84:24.04 | Basic Oils and Other Solvents | |
| 84:24.08 | Basic Ointments and Protectants | |
| 84:24.12 | Basic Powders and Demulcents | |
| 84:24.16 | Keratolytic Agents | |
| 84:28.00 | Keratoplastic Agents | |
| 84:32.00 | Miscel. Skin and Mucous Membrane Agents | |
| 84:36.00 | Depigmenting And Pigmenting Agents | |
| 84:50.00 | | Depigmenting Agents |
| 84:50.04 | | Pigmenting Agents |
| 84:50.06 | Sunscreen Agents | |
| 84:80.00 | | |
| 86:00.00 | Smooth Muscle Relaxants | Gastrointestinal Smooth Muscle Relaxants |
| 86:08.00 | Genitourinary Smooth Muscle Relaxants | |
| 86:12.00 | Respiratory Smooth Muscle Relaxants | |
| 86:16.00 | | |
| 88:00.00 | Vitamins | Vitamin A |
| 88:04.00 | Vitamin B Complex | |
| 88:08.00 | Vitamin C | |
| 88:12.00 | Vitamin D | |
| 88:16.00 | Vitamin E | |
| 88:20.00 | Vitamin K Activity | |
| 88:24.00 | Multivitamin Preparations | |
| 88:28.00 | | |
| 92:00.00 | Unclassified Therapeutic Agents | |
| 94:00.00 | Devices | |
| 96:00.00 | Pharmaceutical Aids | All |
| ALL | | |

Appendix EE: Indiana MAR Windows to MAR Summary Tables Cross-Reference

Table EE.1 – Indiana MAR Windows to MAR Summary Tables Cross-Reference

| Window | Program Name | MAR Summary Tables Used |
|--|--------------------------------|--|
| Provider Ranking – To Date Totals | w_388td_prov_rank_td_tot | T_MR_PROVIDER |
| Provider Error Code Analysis | w_382err_prov_err_cde_anly | T_MR_ERROR |
| Provider Participation – Historical Averages | w_384havg_prov_part_hist_avg | T_MR_PR_TYP, T_MR_PR_TYP_RE, T_MR_PR_TYP_SAK, T_MR_PROVIDER_PR |
| Provider Participation – Historical | w_384hist_prov_part_hist | T_MR_PR_TYP, T_MR_PR_TYP_RE, T_MR_PR_TYP_SAK, T_MR_PROVIDER_PR, T_MR_PROV_ENROLLED |
| Provider Participation – To Date Totals | w_384td_prov_td_tot | T_MR_PR_TYP, T_MR_PR_TYP_RE, T_MR_PR_TYP_SAK, T_MR_PROVIDER_PR, T_MR_PROV_ENROLLED |
| Provider Participation – To Date Averages | w_384tda_prov_td_avg | T_MR_PR_TYP, T_MR_PR_TYP_RE, T_MR_PR_TYP_SAK, T_MR_PROVIDER_PR |
| Provider Filing Analysis | w_385_prov_fl_anly | T_MR_PROV_PERFORM |
| Provider Filing Analysis – 6 Month Averages | w_3856mo_prov_fl_anly_6_mn_avg | T_MR_PROV_PERFORM |
| Provider Ranking | w_388_prov_rank | T_MR_PROVIDER |
| Provider Error Analysis | w_382_prov_err_anly | T_MR_PROVIDER |
| Waiver Expenditures | w_waiver | T_MR_WAIVER, T_MR_WAIVER_RE, T_MR_WAIVER_SAK |
| Waiver Expenditures To Date | w_waiver_to_date | T_MR_WAIVER, T_MR_WAIVER_RE, T_MR_WAIVER_SAK |
| | | |
| Third Party Payment Analysis | w_387_tpl_anly | T_MR_TPL |
| Third Party Payment Analysis | w_387td_tpl_anly | T_MR_TPL |

Table EE.1 – Indiana MAR Windows to MAR Summary Tables Cross-Reference

| Window | Program Name | MAR Summary Tables Used |
|--|-------------------------------|---|
| To Date | | |
| County Participation Analysis – Monthly by Category of Service | w_484rm_cty_part_anly_mn_cos | T_RE_CNTY, T_RE_CNTY_RE, T_RE_CNTY_SAK, T_MR_ELIGIBLES |
| Provider Financial Participation by County | w_484p_cty_prov_part | T_MR_PR_CNTY, T_MR_PROVIDER_RE, T_MR_PROVIDER_SAK, T_MR_PROVIDER_PR, T_MR_PROV_SAK_PR, T_MR_PROV_ENROLLED |
| County Participation Analysis – Monthly by Aid Category | w_484rm_cty_part_anly_mn | T_MR_RE_CNTY, T_MR_RE_CNTY_RE, T_MR_RE_CNTY_SAK, T_MR_ELIGIBLES |
| County Participation Analysis – To Date by Aid Category | w_484rtd_cty_part_anly_td | T_MR_RE_CNTY, T_MR_RE_CNTY_RE, T_MR_RE_CNTY_SAK, T_MR_ELIGIBLES |
| County Participation Analysis – To Date by Category of Service | w_484rtd_cty_part_anly_td_cos | T_RE_CNTY, T_RE_CNTY_RE, T_MR_RE_CNTY_SAK, T_MR_ELIGIBLES |
| Recipients Participation Summary | w_487_recpt_part_sum | T_MR_AID_SVC, T_MR_AID_SVC_RE, T_MR_AID_SVC_SAK, T_MR_ELIGIBLES |
| Recipients Participation Projection | w_487a_recip_proj | T_MR_LOCATION, T_MR_LOCATION_RE, T_MR_LOCATION_SAK |
| Recipients AFDC-UP Activity | w_afdc_up_activity | T_MR_RE_ACT, T_MR_RE_ACT_RE, T_MR_RE_ACT_SAK, T_MR_ELIGIBLES |
| Recipients FQHC Activity | w_fqhc_activity | T_MR_PROCED_CDE |
| Category of Service and Location Analysis | w_location | T_MR_LOCATION, T_MR_LOCATION_RE, T_MR_LOCATION_SAK |
| Category of Service and | w_location_td | T_MR_LOCATION, T_MR_LOCATION_RE, T_MR_LOCATION_SAK |

Table EE.1 – Indiana MAR Windows to MAR Summary Tables Cross-Reference

| Window | Program Name | MAR Summary Tables Used |
|---------------------------------------|--------------------------|--|
| Location Analysis To Date | | |
| Mental Health Rehabilitation | w_mental_health | T_MR_PROCED_CDE, T_MR_PROCED_CDE_RE, T_MR_PROCED_CDE_SAK |
| Recipients Copayment | w_recip_copay | T_MR_COPAY |
| Recipients Sobra/Defra Activity | w_sobra_defra_activity | T_MR_RE_ACT, T_MR_RE_ACT_RE, T_MR_RE_ACT_SAK |
| Recipients Wards Activity | w_wards_activity | T_MR_RE_ACT, T_MR_RE_ACT_RE, T_MR_RE_ACT_SAK |
| HCFA 2082 – Sections A and B | w_2082ab_pmt | T_MR_2082ABCD |
| HCFA 2082 – Sections G and H – Age | w_2082cd_age | T_MR_2082ABCD |
| HCFA 2082 – Sections G and H – Ethnic | w_2082cd_ethnic | T_MR_2082ABCD |
| HCFA 2082 – Sections G and H – Sex | w_2082cd_sex | T_MR_2082ABCD |
| HCFA 2082 – Section E | w_2082e_recip_cnt | T_MR_2082E |
| HCFA 2082 – Section F | w_2082f_undup_recip_cnt | T_MR_2082FGH |
| HCFA 2082 – Section G | w_2082g_undup_recip_nurs | T_MR_2082FGH |
| HCFA 2082 – Section H | w_2082h_recip_inter_cnt | T_MR_2082FGH |
| HCFA 2082 – Section I | w_2082i_phys_rural | T_MR_2082I |
| HCFA 2082 – Section J | w_2082j_aged_disabled | T_MR_2082J, T_MR_2082J_COIN_RE, T_MR_2082J_DED_RE, T_MR_2082J_SAK |
| Long Term Care Payments | w_310_ltc_pmt | T_MR_LTC, T_MR_LTC_RE, T_MR_LTC_SAK |
| Long Term Care Payments To Date | w_310_ltc_pmt_td | T_MR_LTC, T_MR_LTC_RE, T_MR_LTC_SAK |
| Long Term Care | w_310_ltc_leave | T_MR_LTC |

Table EE.1 – Indiana MAR Windows to MAR Summary Tables Cross-Reference

| Window | Program Name | MAR Summary Tables Used |
|---|--------------------------|--|
| Leave Days | | |
| Long Term Care Leave Days To Date | w_310_ltc_leave_td | T_MR_LTC |
| Medicare Participation: Part A | w_485a_med_part_a | T_MR_XOVER, T_MR_ELIGIBLES |
| Medicare Participation: Part A and B | w_485ab_med_part_ab | T_MR_XOVER, T_MR_ELIGIBLES |
| Medicare Participation: Part B | w_485b_med_part_b | T_MR_XOVER, T_MR_ELIGIBLES |
| Drug Usage – Rank by Usage | w_782_drug_rank_usage | T_MR_DRUG, T_MR_DRUG_RE, T_MR_DRUG_SAK |
| Drug Usage – Rank by Usage To Date | w_782_drug_rank_usage_td | T_MR_DRUG, T_MR_DRUG_RE, T_MR_DRUG_SAK |
| Drug Usage – Rank by Usage – Compound Drugs | w_372_drug_compound | T_MR_DRUG, T_MR_DRUG_RE, T_MR_DRUG_SAK |
| Drug Usage – Rank by Usage To Date – Compound Drug | w_372_drug_compound_td | T_MR_DRUG, T_MR_DRUG_RE, T_MR_DRUG_SAK |
| Budget Analysis | w_budg | T_MR_BUDGET |
| Care Coordination for Pregnant Women | w_care_coord | T_MR_PROCED_CDE, T_MR_PROCED_CDE_RE, T_MR_PROCED_CDE_SAK |
| Disproportionate Share Hospital | w_231_dispro_hosp | T_MR_DISP_SHARE |
| Claim Payment Statistics – Provider Type | w_101b_cl_pmt_stat_pt | T_MR_PR_CL_TYP |
| Claim Payment Statistics To Date – Provider Type | w_101btd_cl_pmt_stat_pt | T_MR_PR_CL_TYP |
| Claim Payment Statistics – Category of Service | w_101c_cl_pmt_stat_cos | T_MR_COS |

Table EE.1 – Indiana MAR Windows to MAR Summary Tables Cross-Reference

| Window | Program Name | MAR Summary Tables Used |
|---|-------------------------------|---|
| Claim Payment Statistics To Date – Category of Service | w_101ctd_cl_pmt_stat_cos | T_MR_COS |
| Claims Processing Throughput Analysis – Receipt to Adjudication | w_381_ops_thru_put_anly_adj | T_MR_THROUGHPUT |
| Claims Processing Throughput Analysis – Receipt to Paid | w_381_ops_thru_put_anly_paid | T_MR_THROUGHPUT |
| Financial Summary | w_482_fin_sum | T_MR_AID_SVC |
| Financial Summary – To Date | w_482td_fin_sum_td | T_MR_AID_SVC |
| Expenditure Analysis – In Monthly Dollars | w_4831m_exp_anly_mn_dol | T_MR_AID_SVC |
| Expenditure Analysis – To Date Dollars | w_4831td_exp_anly_td_dol | T_MR_AID_SVC |
| Expenditure Analysis – In Monthly Average Cost | w_4834m_exp_anly_mn_avg_cost | T_MR_AID_SVC, T_MR_AID_SVC_RE, T_MR_AID_SVC_SAK |
| Expenditure Analysis – To Date Average Cost | w_4834td_exp_anly_td_avg_cost | T_MR_AID_SVC, T_MR_AID_SVC_RE, T_MR_AID_SVC_SAK |
| Operational Performance Summary | w_486_ops_sum_fund_src_cos | T_MR_OPER_PERF |
| Operational Performance Summary – Averages and Percents | w_486a_ops_sum_avg_pct | T_MR_OPER_PERF, T_MR_PERFORMANCE, T_MR_ERROR |
| Operational Performance Summary – Dollars | w_486d_ops_sum_dol | T_MR_OPER_PERF |

Table EE.1 – Indiana MAR Windows to MAR Summary Tables Cross-Reference

| Window | Program Name | MAR Summary Tables Used |
|--|---------------------|--------------------------------|
| Operational Performance Summary – Provider | w_486p_ops_sum_pt | T_MR_OPER_PERF |
| Non Claim Specific Financial Transactions | w_non_cl_specific | T_AR_DISP, T_CASH_RECEIPT_DISP |
| Report Period | w_rpt_prd | T_MR_RPT_PRD |

Appendix FF: Program Codes

- All
- Children with Special Health Care Services (CSHCS)
- Medicaid
- Hoosier Healthwise Package C
- 590-Program
- ARCH
- RBMC
- 10046739 C Carewise
- 10046739 N Carewise
- 10046739 S Carewise
- 20000055 N MAXIHEALTH
- 20000055 S MAXIHEALTH
- Unknown

The MAR Windows listed below contain shadow claim specific data, which may be accessed by selecting Program Code ‘RBMC’. Access data specific to MCO by selecting the specific MCO provider number listed in the Program Code selection box. It is important to note that shadow claims data is not included in the reporting of Program Codes outside of RBMC or each MCO. Shadow claims data is not included with the selection of **All** as the program code.

Expenditures

- Expenditure Analysis – In Monthly Dollars
- Expenditure Analysis – To Date Dollars
- Expenditure Analysis – In Monthly Average Cost
- Expenditure Analysis – To Date Average Cost

Claim Payment Statistics

- Claim Payment Statistics – Provider Type
- Claim Payment Statistics To Date – Provider Type
- Claim Payment Statistics – Category of Service

- Claim Payment Statistics To Date – Category of Service

Provider Participation

- Provider Participation – Historical
- Provider Participation – Historical Averages
- Provider Participation – To Date Totals
- Provider Participation – To Date Averages
- Provider Filing Analysis
- Provider Filing Analysis – 6 Month Averages
- Provider Ranking
- Provider Ranking – To Date Totals
- Provider Error Analysis
- Provider Error Code Analysis

Recipient Participation

- Recipient Participation Summary
- Recipient Participation Projection
- Recipient Sobra/Defra Activity
- Care Coordination for Pregnant Women

Operations

- Claims Processing Throughput Analysis – Receipt to Paid
- Claims Processing Throughput Analysis – Receipt to Adjudication

County Participation

- Provider Financial Participation by County
- County Participation Analysis – Monthly by Aid Category
- County Participation Analysis – To Date by Aid Category
- County Participation Analysis – Monthly by Category of Service
- County Participation Analysis – To Date by Category of Service

Drug Usage

- Drug Usage – Rank by Usage
- Drug Usage – Rank by Usage To Date
- Drug Usage – Rank by Usage – Compound Drugs
- Drug Usage – Rank by Usage To Date – Compound Drug

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- Category of Service and Location Analysis
- Category of Service and Location Analysis To Date

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| Amount Billed on Paid Claims – Same Month – Last Year | 117 |
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